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MAY, 1856.

Essays, Monographs, and Cases.

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THE AMERICAN

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MAY, 1856.

ESSAYS, MONOGRAPHS, AND CASES

Obstetrical Statistics; Analysis of One Thousand Four Hundred and Fifty-Two Cases. By E. R. PULLING, M.D., Resident Physician to the New York Lying-In Asylum.

From the records of the accouchements occurring at the New York Lying-In Asylum, I have selected 1,452 cases—each complete in all the details—presented in the following tables, which embody some of the results of their careful analysis.

The first seven tables embrace the single births, numbering 1,436. Table 1st exhibits the comparative frequency of the inception and termination of labor during each hour of the diurnal period. Tables 2, 3, 4, 5, 6, and 7, are constructed with reference to the following points:—1st. The duration of labor and of its second stage, as modified by the age of the patient; the number of the confinement; the presentation and position of the fœtus. 2d. The influence exerted by each of the above causes on the vitality of the child.

The 8th table comprises the statistics of the twin cases, of which there were 16.

TABLE I.

Number of cases in which labor commenced, and number of confinements, respectively, during each of the twenty-four hours.

Hour.	Labor commenced. No. of cases.	Per cent.	Labor terminated. No. of cases.	Per cent.	Hour.	Labor commenced. No. of cases.	Per cent.	Labor terminated. No. of cases.	Per cent.
12 to 1 A. M.	92	6.40	52	3.62	12 to 1 P. M.	51	3.55	51	3.55
1 to 2	62	4.31	67	4.66	1 to 2	43	2.99	43	2.99
2 to 3	58	4 03	61	4.24	2 to 3	37	2.57	74	5.15
3 to 4	54	3.76	69	4.80	3 to 4	44	3.06	64	4.45
4 to 5	56	3.89	68	4.73	4 to 5	49	3.41	56	3.89
5 to 6	52	3.62	63	4.38	5 to 6	48	3.34	44	3.06
6 to 7	47	3.27	54	3.76	6 to 7	70	4.87	64	4.45
7 to 8	48	3.34	60	4.17	7 to 8	70	4.87	56	3.89
8 to 9	38	2.64	62	4.31	8 to 9	77	5.36	55	3.83
9 to 10	45	3.13	57	3.96	9 to 10	94	6.54	57	3.96
10 to 11	49	3.41	61	4.24	10 to 11	107	7.45	55	3.83
11 to 12	50	3.48	68	4.73	11 to 12	95	6.61	75	5.22

Labor commenced during the day (from 6 A. M. to 6 P. M.) in 549 cases, or 38.23 per cent. of the whole number.

Labor commenced during the night (from 6 P. M. to 6 A. M.) in 887 cases, or 61.77 per cent. of the whole number.

Labor terminated during the day (from 6 A. M. to 6 P. M.) in 694 cases, or 48.32 per cent. of the whole number.

Labor terminated during the night (from 6 P. M. to 6 A. M.) in 742 cases, or 51.67 per cent. of the whole number.

TABLE II.

Duration of Labor and Proportion of Children Stillborn.

Duration of Labor.	No. of cases.	Number Stillborn.	Percentage Stillborn.	Duration of Labor.	No. of cases.	Number stillborn.	Pr. ct. S'born.
Less than 1 hour.	29	2	6.89	15 to 20 hours.	121	11	9.09
1 hour.	38	1	3.63	20 to 25	75	7	9.33
2 hours.	84	0	0.00	25 to 30	48	8	16.66
3	78	0	0.00	30 to 40	43	11	25.58
4	75	0	0.00	40 to 50	24	3	12.50
5	72	3	4.16	50 to 60	9	3	33.33
6	123	2	1.62	60 to 70	7	3	42.85
7	79	1	1.26	70 to 80	7	4	57.14
8	100	5	5.00	80 to 90	2	1	50.00
9	66	3	4.54	90 to 100	1	0	00.00
10 to 15	351	16	4.55	Over 100	4	2	50.00
Total and average percentage, - - -					1436	86	5.98

TABLE III.

Duration of the Second Stage of Labor and Proportion of Children Stillborn.

Duration of Second stage of Labor.	No. of cases.	No. of Children stillborn.	Percentage of Children stillborn.
Less than ¼ of an hour,	144	1	.77
From ¼ to ½ an hour,	102	2	1.96
½ to 1 hour,	160	4	2.50
1 to 2 hours,	292	7	2.39
2 to 3	198	6	3.03
3 to 4	145	14	9.65
4 to 5	87	7	8.04
5 to 6	60	4	6.66
6 to 7	48	3	6.25
7 to 8	32	2	6.25
8 to 9	18	3	16.66
9 to 10	18	1	5.55
10 to 20	79	13	16.45
20 to 30	28	7	25.00
30 to 40	11	3	27.27
40 to 50	6	3	50.00
Over 50	8	6	75.00
Total and average percentage,	1436	86	5.98

The average duration of the second stage was 3 hours and 37 minutes. In about one-half the instances the duration of the second stage was less than 2¼ hours, the average being much increased by a few cases which were greatly prolonged.

TABLE IV.

Duration of the Second Stage of Labor, and Proportion of Stillborn Children in Vertex Cases

Duration of Second stage of Labor.	No. of cases.	No. of Children stillborn.	Percentage of Children stillborn.
Less than ¼ of an hour,	140	1	0.71
From ¼ to ½ an hour,	98	1	1.02
½ to 1 hour,	159	2	1.25
1 to 2 hours,	283	4	1.41
2 to 3	187	4	2.13
3 to 4	138	6	4.34
4 to 5	85	5	5.88
5 to 6	59	3	5.08
6 to 7	45	2	4.44
7 to 8	29	2	6.89
8 to 9	17	1	5.88
9 to 10	17	1	5.88
10 to 20	73	9	12.32
20 to 30	28	6	21.42
30 to 40	9	2	22.22
40 to 50	6	3	50.00
Over 50	8	6	75.00
Total and average percentage,	1381	58	4.20

TABLE V.

Age of Mother, Average Duration of the Second Stage of Labor, and Proportion of Children Stillborn in Primiparient and in Multiparient Cases.

PRIMIPARÆ.

Age of Mother.	No of. Cases.	Average duration of second stage.	No. of Children stillborn.	Percentage of Children stillborn.
15 to 20 years,	62	4 hours and 20 minutes	4	6.45
20 to 25 "	341	3 " 40 "	18	5.27
25 to 30 "	215	6 " 34 "	23	10.69
30 to 35 "	39	6 " 20 "	5	12.82
35 to 40 "	11	6 " 50 "	2	18.18
40 to 45 "	2	10 " 30 "	0	0.00
Total, &c.	670	4 " 48 "	52	7.76

MULTIPARÆ.

Age of Mother.	No. of Cases.	Average duration of second stage.	No. of Children stillborn.	Percentage of Children stillborn.
15 to 20 years,	25	2 hours and 26 minutes	0	.00
20 to 25 "	166	2 " 20 "	6	3.61
25 to 30 "	322	2 " 43 "	16	4.81
30 to 35 "	155	2 " 35 "	9	5.80
35 to 40 "	76	2 " 33 "	2	2.63
40 to 45 "	12	2 " 30 "	1	8.33
Total, &c.	756	2 " 33 "	34	4.52

TOTAL.

Age of Mother.	No. of Cases.	Average duration of second stage.	No. of Children stillborn.	Percentage of Children stillborn.
15 to 20 years,	87	3 hours and 47 minutes	4	4.59
20 to 25 "	507	3 " 12 "	24	4.73
25 to 30 "	547	4 " 8 "	39	7.12
30 to 35 "	194	3 " 20 "	14	7.21
35 to 40 "	87	2 " 55 "	4	4.59
40 to 45 "	14	2 " 38 "	1	7.14
Total, &c.	1436	3 " 37 "	86	5.98

TABLE VI.

Comparative Duration of Labor, and of its Second Stage, with the Number of Stillborn Children in Primiparient and in Multiparient Cases.

No. of confinement.	No. of cases.	Average duration of Labor. Hours.	Minutes.	Average duration of second stage. Hours.	Minutes.	No. Children stillborn.	Percentage of Children stillborn.
1	670	15	47	4	48	52	7.76
2	316	11	32	2	48	13	4.10
3	194	10	38	2	11	9	4.63
4	93	8	40	2	42	5	5.37
5	62	10	14	2	12	2	3.22
6	38						
7	26						
8	13						
9	7						
10	9						
11	3						
12	2						
13	1						
16	1						
17	1— 101	9	43	2	28	5	4.95
Total, &c.	1436	13	4	3	37	86	5.98

TABLE VII.

Presentation, Position, Duration of Labor and of its Second Stage, and Proportion of Children Stillborn.

Presentation and Position.	No. of cases.	Percentage of whole number.	Average Duration of Labor. Hours.	Minutes	Average Duration of 2d stage. Hours.	Minutes	Number of Stillborn.	Percentage of Children Stillborn.
Vertex,	1381	96.16	13	2	3	28	58	4.20
Right occipito Ant. position,	*105	7.28	20	14	5	10	8	7.62
Left occipito Anterior	1213	84.49	12	9	3	18	45	3.70
Right occipito Posterior	50	3.48	17	49	3	50	2	4.00
Left occipito Posterior	13	0.91	12	15	6	1	3	23.07
Face,	6	0.41	13	4	4	1	1	16.66
Right and left mento Ant.	4						0	
Right and left mento Post.	2						1	
Trunk,	7	0.48	15	37	5	58	6	85.71
Right and left Lateral	7						6	
Pelvis,	24	1.65	9	57	3	20	9	37.50
Right and left sacro Ant.	19						5	
Right and left sacro Post.	5						4	
Compound,	18	1.23	18	35	6	9	12	66.66
Vertex and Funis	7						5	
Vertex and Hand	5						2	
Vertex Hand and Funis	3						2	
Vertex and Foot	2						2	
Placenta with Vertex	2						1	
Total, &c.	1436		13	4	3	37	86	5.98

* These figures are probably too great to represent correctly the proportion of cases in which the occiput was primarily in relation with the right anterior segment of the pelvis In some instances its position was probably not ascertained until it changed from the posterior to the anterior portion of the right side.

TABLE VIII.

Twin Cases.

No. case.	Duration of Labor. To birth of 1st child. H.	M.	Interval. H.	M.	Presentation. 1st child.	2d child.	Sex. 1st child.	2d child.	Condition. 1st child.	2d child.
1	20	0	2	0	vertex	vertex	male	male	living	living
2	18	0	2	0	vertex	feet	female	male	living	dead
3	2	0	0	15	vertex	breech	female	female	living	living
4	3	0	1	45	vertex	trunk	female	male	living	living
5	8	0	4	10	vertex	feet	female	female	living	living
6	5	20	0	20	vertex	breech	male	female	living	living
7	4	30	3	0	vertex	vertex	male	female	living	living
8	48	0	11	50	feet	vertex	female	female	dead	dead
9	9	0	29	0	feet	trunk	male	female	dead	living
10	7	0	0	5	vertex	vertex	female	male	living	living
11	5	0	0	5	vertex	feet	female	male	living	living
12	24	0	1	0	vertex	trunk	female	male	living	dead
13	10	0	0	30	breech	trunk	female	male	living	living
14	36	0	24	0	vertex	vertex	female	female	living	living
15	11	0	3	0	vertex	vertex	male	female	living	living
16	11	0	0	15	breech	breech	male	female	living	living

Recapitulation of Twin Cases.

Average duration of Labor, 19 hours and 4 minutes; from commencement of Labor to birth of 1st child, 13 hours and 51 minutes; interval, 5 hours and 12 minutes.

Presentation.—Vertex 18; pelvis 10; trunk 4. Both vertex, 5 cases; both pelvis, 1 case; 1st vertex, 2d pelvis, 5 cases; 1st vertex, 2d trunk, 2 cases; 1st pelvis, 2d vertex, 1 case; 1st pelvis, 2d trunk, 2 cases.

Sex.—Males 13, females 19. Sex alike, 5 times; sex unlike, 11 times. Both male, 1 case; both female, 4 cases; 1st male, 2d female, 5 cases; 1st female, 2d male, 6 cases.

Condition of Children at Birth.—Living 27, dead 5. Percentage of stillborn, 15.62. Both living, 12 cases; both dead, 1 case; 1st living, 2d dead, 2 cases; 1st dead, 2d living, 1 case.

Deformities and Their Remedy. By H. G. DAVIS, M.D.

(Continued from page 214.)

As the treatment of angular distortion of the spine, the result of ulceration of the vertebræ, is mechanical, so far as restoring or retaining the figure erect, it will be advisable to examine cursorily the form and points of support of the vertebræ as involved in this kind of surgical treatment. As far as our purpose is concerned, it will only be necessary to mention, the body, (the seat of the disease usually,) the oblique, and the spinous processes.

The body and the oblique processes afford the only perpendicular support; the distortion is produced by the removal of the body of the vertebra by ulceration. As the line of perpendicular support falls between the body, and the articulation of the oblique processes, the weight of the trunk above, approximates the bodies of the two adjoining vertebræ, as the diseased one is removed by absorption; the oblique processes now sustaining the greater portion of the weight, act as fulcrums, upon which the vertebra are tilted or rotated, thus the spinous processes above and below are separated from that of the diseased one, the articulation of the oblique processes being the centre of motion.

It is this form of the vertebra which enables us to make use of the whole column as a lever to restore it. By apparatus, we are enabled to throw the entire weight of the superincumbent body upon the oblique processes, and separate the bodies adjoining the diseased one from it, the contact of which were constantly irritating and producing absorption. By this mechanical arrangement, the spinal line is brought into its natural position. This replacement is advantageous, not only by restoring the figure, but by the removing of all mechanical irritation and pressure, it in many cases stops the disease at the same time, the process of reparation commencing upon the application of the apparatus. The apparatus should confine the parts, quite immoveably, in their normal position, and retain them there until recovery has taken place. Thus supported, I have seen a large majority of cases restored without the use of any constitutional treatment, with the exception of air, diet, and exercise. As the ul-

ceration seldom extends to the oblique processes, we are always enabled to use them to sustain the weight of the body above; in some instances, however, they are involved, producing a lateral deviation, rendering the treatment complicated and difficult. In one case under my care, the connecting rib upon each side was separated from its attachment by the ulceration, and lay loose against the skin. As this case was of so grave a character, and illustrates the beneficial effects of mechanical treatment, I trust I shall be excused for relating it in this connection.

The patient, a middle-aged married lady, the mother of several children; was two days coming a distance of 20 miles; her condition was that of almost entire helplessness; with one abscess open in the groin, and another pointing upon the side; she was afflicted with severe neuralgia or sympathetic pains, had cough, diarrhœa, and loss of appetite; in fact, a fatal result seemed inevitable. The application of the apparatus, by its support, and the restoration of the normal spinal line, relieved most of the distressing symptoms. She took, in addition, constitutional remedies, and the result was, that she recovered in less than a year, with a slight stoop in her figure, giving her the appearance of being a little round shouldered. This use of the oblique processes, as the point of perpendicular support, is so practicable, that I have seen one instance in which the patient (a little boy) kept himself in the attitude, by which the weight was thrown upon these processes, and finally recovered from the disease retaining a good figure. I have often accomplished it by my apparatus, not only bringing the figure erect, and retaining it there until restoration had taken place, but as I have observed, shortening materially the duration of the disease, and almost immediately allaying all those distressing symptoms so manifest in the countenance of this class of patients.

This mode of treatment relieves that interruption to the growth which serves so generally to render them dwarfs. There is perhaps no greater misfortune to a female than to be the subject of this disease. It seems not only to blight all her prospects, but to render her an object of pitiable observation.

Bishop, of London, in his work on deformities, says in substance, that there never is a restoration of lost osseous matter in this disease. If this be so, I cannot conceive how persons

that have been deformed and are brought erect, can ever remain so without the sustaining power of the apparatus; yet such is the fact. There have been cases under my treatment, that, before the application of my apparatus, were much deformed, who were not only restored, but remained so, although it is years since they have worn any mechanical support. In these instances, if it were not bone, it was some deposit, that fulfilled all its indications. I can readily conceive, that there could be no deposit of bone where the two adjoining bodies of the vertebra were brought together and held by the weight of all the parts above the locality of the disease, as was the fact in all those cases where a cure was effected without the aid of apparatus, that would effectually retain the parts in their proper places. In these cases, to fill the original space with bone, the deposit would be under the necessity of raising the superimposed portion of the body, a power which it probably does not possess.

Unfortunately for science, so far as deciding what the deposit is in those cases where there has been an apparent perfect restoration, I have never been able to ascertain, as I have not known of a death among this class, or of a patient while under my treatment. Taking the testimony of others, as to the result of other modes of treatment, it goes far to prove the saving of life by the use of *proper* mechanical treatment. Paralysis, either partial or complete, not unfrequently results from this disease being left to itself. The deformity probably produces permanent pressure upon the spinal chord. Cases of complete paralysis of the lower extremities have frequently come under my observation, before anchylosis had fixed the parts, in all of which it was relieved entirely by the use of mechanical support that would restore the figure. Treatment for this purpose only, in such cases becomes highly important, that it may save the patient from being permanently a cripple.

This same principle of treatment (viz., the separating of the diseased surfaces, and removing from them all irritation from pressure,) is equally applicable to disease of the hip-joint, as it is familiarly termed. This is undoubtedly a scrofulous affection of the same texture as that of the vertebra. My attention was first directed to it some years since by my friend, Dr. Miller, of Providence, R. I., while explaining to him my prin-

ciples of treatment in caries of the vertebra. Since that time, Dr. March, of Albany, has fully demonstrated its advantages. There is one point in my mode of making extension, which I think from the long experience I have had in its use, would be an improvement upon the general modes, and it is equally applicable in all extensions and counter-extensions, those of fractures as well as of contracted muscles, viz., the use of rubber, as an extending power. This will act steadily and gradually, without any violence and with very little suffering in comparison with permanent fixtures. When contracted muscle is to be overcome, it stealthily wearies it until it silently comes off conqueror.

I would earnestly recommend the profession to give their attention to the use of this article for the accomplishment of extension. What is termed a door-spring is one good form, another for lighter purposes is the shirred rubber.

The dressings should never be removed so as to allow the parts to regain their former position, as the process will be required to be gone over again and probably with nearly as much suffering as at first. It is the constant fatigue that accomplishes the object without suffering. There are often pains resembling neuralgia, particularly in bringing the limb down in cases of coxalgia. I have now a case under treatment in which the pain is located in the ankle of the well limb. In this disease care should be taken to support the limb properly its entire length, as pain may arise from this want of support in some part foreign to the locality of it.

It was not my intention to treat of the etiology of muscular distortions of the spine, yet I cannot refrain from a few remarks.

The locality of the curve, the side upon which the convexity exists, and their almost universal limit to the female sex, have to me a peculiar significance.

Lateral curvature is so seldom found among the males, as to excite surprise when a case presents itself. A peculiar feature as it appears among the males is, that in the large majority of cases, the convexity of the curve is towards the left side. This differs so entirely from the position of the curve in females, as to indicate a different origin, and most of the cases in males, I

have attributed to some mechanical difference in the bony structure, produced perhaps by pleurisy, or pneumonia, or some difficulty checking the growth of that side of the chest, thus producing an inequality of leverage in the ribs upon the two sides. Curvature in the male differs from that in the female, in the fact, that it does not exhibit the same primary features, even when upon the right side. The difference cannot well be described, yet it is sufficient to be recognizable by the expert. Perhaps some idea may be formed of the difference, by saying that it does not appear to involve so many of the muscles of the body; to be more the result of accident, in contradistinction to some all-pervading constitutional tendency, which is so marked usually when it has affected a female for any length of time. When a case affects the right side in a male, other marks of struma will be manifest, clearly indicating its scrofulous origin. The proportion of males to females afflicted with lateral curvature of the spine, is probably not more than one to three or five hundred, in fact the average is so small that a comparison can hardly be made.

The occurrence of this difficulty among females is so common, that some estimate one-fourth as having some deviation; when there is not a positive curvature of the spine, there is very frequently an enlargement of the shoulder, produced by the muscles connected with the scapula being more fully developed. Dressmakers, I believe, say that this inequality is almost universal among females in the higher walks of life, who are not very plethoric. These cases cannot be said to have a curvature of the spine, yet the fact has an important bearing upon what I suppose to be the cause of so general a prevalence of deviations of the spinal column in females, and it is for this purpose that it is introduced. It was observed that curvature in males did not appear to involve so great a number of the muscles, or to be, apparently, so decidedly a constitutional difficulty. In females the reverse holds true; we seldom meet with a case among the latter, that the system does not exhibit a strong prevailing tendency to this kind of deformity. A proof of this constitutional tendency is manifest in the results of the disease when left to itself. In the male it will be slow in its progress, and seem to advance in spite of the efforts of the system to coun-

teract it; neither does it give rise to that amount of deformity that it often produces in the opposite sex. In perhaps a thousand cases examined by me occurring in females, probably three-quarters of them were worse than any of those among the males that have come under my observation. Many cases of this deformity occurring among females have arrived at the ultimatum to which the body would admit; this I have never seen in the male.

It would appear that females are not only in an incalculable degree more subject to the deformity, but that their systems seem to be a more congenial soil for it; that it there luxuriates, and arrives at its highest state of perfection, producing all the fruits that an adapted soil, and I might add, the highest culture could effect. This culture gives the same results that cultivation does the husbandman; by it *he* is enabled to improve upon the former products, and not only this, but to propagate this alteration; so it is with this kind of deformity, constitutions are not only prepared to develope it, but the physical training and early habits of females serve as culture to nourish its growth. This fostering care has already rendered it hereditary; mothers transmitting it in some instances to all of their daughters. In one instance a mother and her two daughters were under my care for this complaint, and another daughter, recently deceased, was also afflicted with it. In another instance a young lady under my care, had a mother and sister both affected. In these two families it included all the females. This tendency should alarm mothers, and urge them to make every effort in the physical training of their daughters while young, in order to counteract so painful results; and I would enforce this consideration upon the minds of all parents, that they may take timely warning before the curvature manifests itself. Curvature in females is almost universally confined to the right side; there is, however, a form of curvature that affects the lower dorsal and upper lumbar vertebra, that is located upon the left, and so far as my experience goes, never affecting the right side; but this form of curvature, like curvature in males, never becomes or produces so great a deformity as the other, although it may give rise to serious disturbances of the health; a slight deviation in this locality often affecting essentially the female. The question naturally

arises from the foregoing remarks—why are females so much more subject to curvature than males? also, why should it be so universally located upon the right side? As I have advanced the idea that it is of a strumous character, therefore all causes which serve to develope struma, would act as exciting causes to produce curvature, but not that I can conceive, has struma any tendency to affect one side more than the other, therefore we must look for some additional influence to show why it should affect the right side in preference to the other. This will be found in a want of *general* muscular exercise while young; in the lack of those exercises and sports that serve to develope and bring into use *equally* the *corresponding* muscles upon both halves of the body; movements that shall bring into play the muscles connected with the left arm, the scapula, and the ribs of the left side as actively as those of the right. It is this want of use of the *left* arm and the muscles connected with it, together with the position of body, and the necessary employment of muscles to sustain this position, that is necessary to render the two sides and muscles of the body equal. The strength of fibre and volume of a muscle is well known to be dependant (other things being equal,) upon the healthy exercise which it has; it then follows if the right arm, and the muscles of the body necessary to be brought into requisition as auxilaries, are in frequent exercise, while the opposite arm and its auxiliary muscles are left in idleness, that the body will conform to that position which this difference in the tonicity or constant contractility of those muscles, would naturally place it. I do not recollect of a patient of mine, with a curve upon the right side, that was left-handed, yet if a case should be found, it would not perfectly disprove the theory I have advanced, for it is not uncommon for a person who is disposed to use the left hand in preference to the right, to perform all their labor, such as sewing, &c., with the right hand, and this might be sufficient to produce the result.

[To be concluded.]

The Duties of Coroners. By DAVID UHL, M.D.

The office of Coroner is so ancient that its origin is lost in the darkness of antiquity. That it existed in the time of King Alfred is clear, for that monarch punished with death a judge who had sentenced a man to suffer the extreme penalty, upon the Coroner's record, without allowing the delinquent liberty to traverse. At one time the functions of the Coroner were numerous and various, but his duties have been so far simplified, that (with a few exceptions,) practically they are confined to the holding of inquests on the bodies of persons who have died by violence, whether death has occurred accidentally or otherwise; to enquiring into all cases of sudden death which have happened *under circumstances of suspicion;* to apprehending persons charged with murder, or manslaughter; and finally to binding over prosecutors and witnesses according to law; to appear and give evidence in another court at the future trial of the accused. Cases of *sudden death* occasionally occur where it is difficult to decide whether it has or has not arisen from natural causes, and it is doubtful what construction ought to be put on these words of the statute.

The Coroners in this as well as other cities, have ever been disposed to give them their fullest signification, and to hold inquests on the bodies of all persons who die suddenly; but this liberal interpretation of the words, has led to the unnecessary multiplication of inquests, and been the means of gross and extravagant expenditure. Jervis says, "the dying suddenly is not to be understood of a fever, apoplexy, or other visitation of God, and Coroners ought not in such cases, or in any case to intrude themselves in private families" (which is frequently done in this city,) "for the purpose of instituting an inquiry, and unless there be reasonable grounds of suspicion that the party came to his death by violent or unnatural causes, there is no occasion for the interference of the Coroner." In consequence of the Coroner of Philadelphia desiring to extend his jurisdiction to all such cases, the Board of Managers of the Pennsylvania Hospital applied to Justice Binney, Esq., for his opinion, which (as the same difficulty has arisen in this city) we quote as follows:

"1. In regard to persons who have suffered recent injury

from violence, and are brought at once into the hospital, and die there suddenly, in the plain sense of that expression, I advise them that the Coroner has jurisdiction, and that they should give him notice of the death a reasonable time before interment.

"2. In regard to such as may be brought there, who have been wounded, that is to say, stabbed, or shot, or cut, or beaten by another, and shall afterwards die, I advise the hospital in like manner, to give the notice, and to submit to the Coroner's jurisdiction, without regard to the time that may elapse before death.

"3. But in regard to cases of accidental injury, broken limbs, burns, bruises, and the like, where the patient does not die suddenly, but lives days, or weeks, and then dies from fever, inflammation, or other morbid affections, caused by the injury, and where there is *no ground of reasonable suspicion* that the injury involved any person in criminality, I advise that the hospital is under no obligation to give notice of the death to the Coroner, and that the Coroner has no right to hold an inquest on the body.

"4. In cases of sudden death by apoplexy and the like among the patients in the house, there being no cause whatever to suspect violence and unnatural means, the Coroner has clearly no right to hold an inquest."

There is perhaps no department of municipal government more essential to the public safety than the office of Coroner; but its duties appear to be imperfectly understood, if not entirely misconstrued, by the present as well as recent incumbents. The verdicts rendered by these officials have recently been very indefinite, such as "Found Drowned," "Death by Accident," "Death by the Visitation of God," "Died from Grief and Old Age," "Died from some Inhuman Means," and so on, which are merely verdicts* of fact. They have conducted their investigations as if their sole duty were to ascertain the

* One of the most amusing verdicts we have ever read, was recently rendered by a Coroner's Jury, in this city. A child had been smothered by its mother, who was notoriously intemperate, while in a fit of gross intoxication, and the verdict was as follows:—"The jury find that the child came to its death from suffocation by its mother lying upon it, while in a state of intoxication; but in consequence of her previous good character, the jury acquit her of all blame, and advise her to keep temperate for the future."

kind of death, and they have nothing to do with the guilt or innocence of those accused of causing the death. This, however, is undoubtedly a very grave error; it is their duty to enquire into every circumstance relating to the death of the deceased, whether it occurred through accident, or design, or through the gross ignorance or criminal negligence of any person.

It is the Coroner's duty to receive and endeavor to obtain evidence on all sides, and to compel the attendance of such witnesses as can give any information in the case under investigation. The inquest held upon the bodies of the victims of the recent accident at "Spuyten Duyvel Creek," on the "Hudson River Railroad," is an illustration of the irregular manner in which such investigations are usually conducted. The verdict of the jury was, that "The deceased came to their death by the bridge giving away in consequence of the accumulation of ice against it." No rigid enquiry was instituted whether the bridge was originally built sufficiently strong to withstand the pressure of ice, or whether the directors or any persons in authority were aware of its unsafe condition. It was the duty of the Coroner in that instance, to make carefnl enquiry regarding all these matters, and if the jury had then returned a verdict censuring any party, it was also his duty to arrest them on a charge of manslaughter, since no one can with impunity endanger the life of another, through gross ignorance or criminal negligence.

For instance, administering to a child a dangerous quantity of spirituous liquor, heedlessly or in brutal sport, is manslaughter, if death be caused thereby. Or if the driver of a carriage be racing with another carriage, and a person be consequently killed, it is manslaughter on the part of the reckless driver. In such cases, of almost daily occurrence in this city, a verdict of fact merely, is generally rendered; or if the jury censure any person, he is seldom if ever arrested by the Coroner. It is a subject of frequent discussion whether the proceedings of the Coroner's Inquest are of the nature of those which are conducted in ordinary courts of justice, or whether from the peculiar nature of the enquiry, they are not more nearly allied to the investigations before a Grand Jury. "The former is a public tribunal, the latter a private one; but as

the Coroner's enquiry frequently leads to accusation, it is advisable, if not necessary, occasionally to conduct it in secret, lest a suspected party, being informed of the proof arising against him, eludes justice by flight or by tampering with the witnesses." "Cases may also occur in which privacy is necessary for the sake of decency." "Even in cases where absolute secresy is not required, the expulsion of particular individuals may be necessary and proper."

"Of this the Coroner is evidently the best prepared to judge, and it is also manifest that the possession of such a power is necessary to him for the due administration of justice; for it is impossible that the Coroner's Court can be conducted with the effect that justice demands, if the Coroner have not entire control over the persons present, and the power of admission and exclusion according to his own discretion." It has in fact been decided on several occasions, that the Coroner has the right to exclude, not only particular individuals, but the public generally. He may even forcibly expel a contumacious spectator from the room in which the inquest is held. Nevertheless, it is obvious that, as in most cases publicity assists the investigation of truth and the detection of guilt, this power ought not to be exercised without just cause and due consideration. Besides, it is not essential—even if requisite that the inquest should be *commenced* in secret— that it should be concluded in the same manner, as the Coroner has the undoubted right to arrest all suspected persons, and detain them until the jury either acquit or find a verdict against them. The indiscreet exercise by the Coroner of the power of holding a secret court has lately been exemplified in the abortion case, in Houston street, of this city. The investigation was commenced in secret, and concluded in secret; so that those who could have given information on the subject, were not aware that the Coroner had the case under consideration until the verdict was rendered. After eight days of this secret investigation, the affair remained an impenetrable mystery, and it was only by the publication of the proceedings in the daily papers, that the body of the woman was identified, and testimony obtained by a Justice of the Peace, which would undoubtedly have led to the conviction of the accused, had she not taken advantage of the delay to elude justice by flight.

Vaccination. Period of Protective Power. By J. O. BRONSON, M.D.

The following extract, on the protective power of vaccination, is from the Medical Journal of Bordeaux :

"The uncertainty which prevails on this point led M. Kuhn to undertake a series of experiments. The following are the results he obtained : Vaccine is protective against a second vaccinal inoculation, as well as against smallpox. Vaccinations performed on children, on the second, third, and fourth days after the first vaccination, all succeeded. Revaccinations performed on the fifth day succeeded in one half of the cases. Those attempted on the seventh to the tenth days all failed. It is evident, from these experiments, that vaccination does not commence to be preservative until four days after inoculation. When smallpox is epidemic, those who have been recently vaccinated are liable to the contagion until the fifth day. As smallpox has a period of incubation extending to three or four days, it may happen that a person infected on the fourth day of the vaccine eruption, may be attacked with smallpox at the very time when the vaccine vesicle is at its height. It is consequently not until the ninth day of the vaccine eruption that we can feel quite assured against the variolous infection."

During the smallpox epidemic of 1853 and '54, in this city, many interesting facts were collected by Dr. Jones and Dr. Bibbins, respectively House and District Physicians to the Demilt Dispensary. To them I am indebted for the subjoined facts, a portion of which go to substantiate the conclusions of M. Kuhn.

1. Ann H., aged five months, vaccinated on the 13th of January, 1854, with success, the pustules arriving at maturity three days in advance of variolous eruption, pyrexic symptoms appearing Jan. 20th.

2. J. H. D., aged five months, vaccinated on the 7th of January, 1854, with success. Variolous eruption appeared on the fifth day following.

3. Richard H. and Mary J. G., one aged six months and the other two years and nine months, vaccinated on the 7th of January, 1854. Variola was contracted and the vaccination pustules and variolous eruption progressed contemporaneously.

4. Susan K., aged five months, vaccinated on the 17th of

January, 1854. On the 21st following, variola appeared and progressed with the vaccination, neither influenced apparently by the other. Eight days after vaccination, virus was taken from the vaccine pustules, surrounded with the variolous pustules, and used extensively among other children in one of our large hospitals, for vaccination, with success. In no instance did variola or any other untoward event occur.

5. J. E. K., W., and J. E., children under three years, were vaccinated on the 13th of February, 1854, and on the eighth day following variola appeared.

6. M. Armstrong, aged one year, was vaccinated on the 10th of April, 1855. On the eighth day rubeola was fully developed. This last case I mention on account of its peculiarity.

Other cases might be quoted, but these are sufficient to demonstrate that vaccination does not assure the inoculated until certainly the fifth day. The first case quoted is highly favorable to the idea of M. Kuhn, for it will be seen that the child must have been inoculated four days before exposure to infection. The same will be noticed of case numbered 5, where eight days elapsed between inoculation and the variolous eruption. These facts are doubly interesting, as compared with the experiments of M. Kuhn, inasmuch as his conclusions are based upon vaccinations only, while the same conclusions are arrived at here, with exposure to and contraction of the infection itself. Case No. 4 goes strongly to influence us to believe that no disease is capable of transmission by means of vaccine lymph. The Society of Surgeons, in France, have declared that syphilis is not so transmissible, and if *it* is not, I think we may safely conclude—supported by the above quoted case—that vaccination may be performed with virus from any child, without fear of producing other than true and reliable effects.

On the Influence of a Sea Life and of Warm Countries on the Progress of Pulmonary Phthisis. By M. JULES ROCHARD, Second Surgeon in Chief of the Navy, at the port of Brest.

[From the *Gazette Hebdomadaire* we translate the following article, the results to which the author arrives differing widely from the general opinion. It includes the most important facts of a work which has recently received the prize of the Imperial Academy of Medicine, and which has been greatly praised by the Secretary. Only the results of the statistical tables are here given. The work will soon be published by Bailliere, and can be consulted by those who desire to study the subject more minutely. We hope to give the second part next month.—E. H. P.]

When one studies a disease which is set down for nearly a tenth of the general mortality, and whose victims are counted by thousands, when it is proposed to determine its frequency and its progress in given conditions, one must turn not to individuals but to masses. Statistics alone can furnish the solution of such a problem; but that they may have a real value it is necessary that they should be based upon collections of men subjected to regular control and constantly under the eye of a physician. To be able to draw general conclusions from them, it is not necessary to confine them to the limited observations of certain localities, but all latitudes should be embraced, and if possible every point of the globe of any importance. Such is the idea which has been my guide in the investigations, the results of which I am to make known.

I have to give my attention in the first place to a class of men whose whole life is passed in the triple condition of which I have to determine the influence, viz: constant change of place, incessant sea life, habitual sojourn in warm climates. Seamen, who form an important part of the population, are almost all born near the coast. Their life is, so to speak, only a long voyage, which commences on their exit from their cradle, and which terminates when a premature old age renders them unfit for their rough occupation. They habitually sojourn in the torrid zone. Every cruise leads them there, almost every sta-

tion keeps them there. Thus it was at least, before the war concentrated our naval forces in the Black Sea, and in the Baltic, and it is to a period prior to these events that my observations pertain. Aside from the vessels detailed to guard the fisheries on our own coasts and at Newfoundland, except some rare voyages of circumnavigation, almost the whole of our navy was then divided between the Mediterranean squadron and our stations in the Levant, on the coasts of Africa, of Indo-China, of the South Seas and Oceanica, of Brazil and La Plata, of Cayenne and the Antilles. The sailors ought then, according to the generally received idea, rarely to sink under pulmonary phthisis. It is in fact what every one repeats, but what no one has demonstrated. It is necessary in the commencement to clear up this first point of the question.

A moving body of men, scattered over the whole world, certainly does not so easily answer the purposes of the statistician as that which comprises a land army. But if the researches present more difficulty, they should lead to more correct results.

The army is renewed every seven years. His debt once paid, the soldier returns to his hearth, and it is impossible to know how those affections terminate which he has contracted in the service. The seaman once ranked belongs to the service all his life. The State does not lose sight of him a single instant. Subject to periodical levies, he comes from time to time to resume his place on the men-of-war, and to place himself under the charge of the naval surgeons. At the time of the levies, the infirm sailors, and those having internal affections, are subjected to the examination of the counsel of health of the ports, and receive, according to the case, dismissals or invalid discharges—copies of which remain in our archives. When they fall sick during the period of their service, if they are in France, they enter the hospitals—if they are on a cruise, they are treated either on board by the surgeon-major of their ship, whose circumstantial report is sent, on their return home, to the directors of the health service; or in the hospitals of our colonies, by physicians belonging to the same corps, whose reports are transmitted to the general inspection. In any case, they cannot escape our observation, by entering a civil hospital, as happens in the army in all small places. The documents

which concern them are thus brought together, and it is from these sources that I have drawn.

As my intention was to determine the frequency of phthisis in the navy, it was necessary to have a base for comparison. It was natural to look to the army for it, and I have availed myself of the justly esteemed work of M. Benoiston de Chateauneuf.* According to his calculations, of 17,209 deaths occurring from 1820 to 1826, 1260 were caused by phthisis, which gives a proportion of 1 to 13.6, and not of 1 to 5, as Casimir Broussais† and M. Levy‡ make it. M. Journé § gives for the Val-de-Grace Hospital a proportion which very nearly approaches the preceding, although a little under it. Of 7,509 admissions, from 1835 to 1837, there were 329 deaths, 27 of which were from phthisis, that is to say, 1 to 12.18. As the calculations of M. Benoiston de Chateauneuf were made for the whole army, I prefer to make them the point of departure. He does not give the proportion of deaths from phthisis to the whole army, but it is easy to calculate it from the number which he gives for the general mortality. The army loses 2.25 to 100. The deaths from phthisis are to the whole mortality as 1 to 13.6. It loses then annually by this disease 0.16 to 100; that is, one out of every 578 soldiers dies of phthisis. The author has justly remarked, that this number is large for a collection of picked men, subjected to strict discipline, and from whom all have been carefully discarded who gave signs of a bad constitution, or of feeble health. It is, however, as we shall see, much inferior to that of the seamen, who have undergone the same purification. In my investigations, I have followed the example of Benoiston de Chateauneuf, and compared the number of deaths from phthisis to the whole number of deaths.

The Register in which they are kept at the hospital at Brest, gives me the following result for the period included between the 1st of July, 1853, and the 1st of January, 1855.

* Essay on the mortality in the French infantry, 1833.

† Bulletin de l'Académie de Médicine, session of April 4, 1843.

‡ Traité d'hygiène publique et privée, t 1. p. 419.

§ Statistical researches concerning phthisis pulmon., in Italy. (Bull. de l'Acad. de Medicine, session of Feb. 12, 1839

Phthisis among the seamen is to the general mortality as 2! is to 261, or as 1 to 9 ; a much higher proportion than that o the army, which is 13.6. It has, then, according to this table, nearly a third more victims in the navy than in the army, and yet this figure, high as it is, does not express the whole truth. Our sailors levied in the second maratime district, are not far from their birth-place ; almost all of them have a family there, and means of support ; and the most of them, when they approach the fatal termination, ask invalid discharges, and go home to die. These discharges are, then, a supplementary list to be added to that which I have just given. I have examined all the dismissals and invalid discharges given at the port of Brest, from the 1st of July, 1853, to the 1st of January, 1854. Now, laying aside entirely the dismissals, more than five-sixths of which are given for lesions, which we cannot call diseases, and taking account of invalid discharges only, the figures show that affections of the chest make more than one-third, 1 to 2.89 ; that chronic affections of the respiratory passages come to more than a quarter, 1 to 3.29 ; and phthisis with chronic bronchitis to more than one-fifth, 1 to 4.33 ; as to the latter, they are in the majority of cases disguised phthisis.

However, the correctness of a diagnosis, which is not confirmed by a post mortem, can always be questioned, and I have desired to complete my researches by this mode of investigation. I examined all the autopsies made at Brest in the course of the last fifteen years. All the subjects have not been opened, far from it—but as my calculations include 3,058 autopsies, this slight cause of error may be neglected. The omission has been made indiscriminately in all kinds of diseases, and perhaps more particularly in phthisis, which offers only lesions too common and too well known to excite much interest. That nothing may be arbitrary, I have considered as phthisical all individuals who have died of affections of the chest, and at whose autopsy softened tubercles or cavities have been found in the lungs. I have avoided, including those who, although they present these alterations, have evidently sunk under another disease.

It is shown by a table of autopsies, made at the Naval Medical School at Brest, from 1840 to 1854, that seamen have furnished the largest proportion among freemen. After them

come the workmen of the port, who belong to the most unfortunate classes of a city, which reckons one out of every six deaths to be from phthisis. In the third place come the galley guards, whose number is too small to draw any inferences from them. Then come the infantry and artillery of the navy; and finally the land troops, to whom we can apply the remark I have made concerning the guards.

The convicts alone have gone beyond the figure for the seamen, but the population of the prisons is ravaged by scrofula, cancer, and tubercular affections. They offer the most striking example of the influence which bad hygienic conditions exercise over the development of those diseases, and the promptness with which the most robust organisms change, under the influence of these destructive causes. Leaving out of the number of deaths from different diseases, the 73 convicts who died of cholera, in 1849, we have for phthisis, compared with the whole number of deaths, the proportion of 1 to 3.86; a figure which goes beyond even that given by M. Chassinat, in his letter to the Academy of Medicine.*

I am limited, as can be seen, to the deaths. And I have said nothing of the proportion of phthisical patients to the whole number of sick, because the calculation always supposes an exactness in diagnosis, which can properly be questioned. I have not spoken of the able-bodied seamen in port, because it is an inconstant number, subject to such daily variations that it is impossible to determine the average, even approximately. The departure and arrival of vessels, the fitting of them out, and the levies, change it daily so as to defy all statistics.

The sailors who die at Brest, belong in but small proportion to the population of that city. They come there to die from all parts of the world; but I have thought that the preceding results might be attributed to the cold, damp climate of that city. To avoid this objection, I have made the same researches in that one of our ports which contrasts most decidedly with Brest, by its position on the Mediterranean, by its climate, and by the nature of the cruises which especially devolve upon it. One of my friends† has been kind enough to examine these doc-

* Gazette Med. de Paris, 1843. No. 26, p. 420.

† M. Helet, Professor in the Naval Medical School of Toulon.

uments, and—since, at Toulon, the soldiers of the army are not treated in the Marine Hospital, as at Brest,—he applied to the Physician-in-chief of the Military Hospital, who permitted him to consult its registers. The table which he sent me, concerning the deaths occurring at the Military Hospital of Toulon, during the years 1853 and 1854, shows that chronic bronchitis and phthisis together, have been to the general mortality,

For Seamen,	as 1 to 5.91
" Mariners,	as 1 to 4.93
" the Army,	as 1 to 21.08
" Workmen in the Arsenal,	as 1 to 3.62
" Convicts,	as 1 to 5.09

I have intentionally separated, in these tables, the years 1853 and 1854, which give very different results, because, at the end of the latter, the city of Toulon was ravaged by the cholera, which has attacked no place with more violence, and which has considerably raised the number of deaths from other diseases than phthisis. Notwithstanding this diminution, the figures still speak distinctly enough. No doubt the difference will be remarked between the land troops and the different naval corps, although all have been subject to this final cause of mortality. Finally, it will be admitted that a short distance from Hyères and Nice, at Toulon, where the heat of Summer can rival that of Africa, and whose maritime population scarcely leaves the Mediterranean, phthisis makes among the seamen perhaps greater ravages than in the dull and stormy climate of Brittany.

Chronic affections of the respiratory passages have almost as large a portion as at Brest, in the number of invalid discharges. Phthisis, chronic bronchitis, and chronic affections of the respiratory passages, are to the whole number of invalid discharges granted at the port of Toulon in 1853 and 1854, in the following proportions :

For the Seamen,	1 to 5.31
" Mariners,	1 to 2.59
" Army,	1 to 5.44
" Workmen in the Arsenal,	1 to 3.88

The proportion of phthisical men discharged in the different corps, is nearly the same as that of the deaths, and it is consid-

erable. As to the analysis of the autopsies, it is a labor which must be omitted when one cannot do it himself.

Among our naval stations there is one, Cherbourg, which has the credit of enjoying a kind of privilege, so far as phthisis is concerned. A simple assertion of Lepecq de la Cloture, has given it this reputation, and M. Boudin repeats it in his medical geology. It is to be ascertained, on the one hand. if it is a fact, and on the other, if the seamen share this immunity with the inhabitants of the city. Now M. Lefevre, at present director of the Health service, at the port of Brest, in a remarkable memoir communicated to the Academy of Medicine in 1845,* has cited a fact which goes to prove the contrary. Of 78 deaths occurring at the Marine Hospital at Cherbourg, from the first of January, 1844, to the first of May, 1845, there were *nine* of phthisis, which gives the proportion of 1 to 8.64.

To be entirely sure, I made the same investigations at Cherbourg as at Toulon. M. Petit, surgeon in the Navy, was kind enough to take on himself the trouble. He has sent me the following documents concerning the deaths occurring at the Marine Hospital of Cherbourg, in the different corps of the navy and the army, during the years 1850, 1851, 1852, 1853, and 1854:

Causes of Death.	Year of Death.					Totals.
	1850.	'51	'52	'53	'54.	
Various diseases (except wounds),	44	45	43	82	137	351
Phthisis pulmonalis,	24	13	17	14	17	85
Chronic Pleurisy,	3	2	2		2	9
Chronic Pulmonary Catarrh, .		3				3
Totals,	71	63	62	96	156	448

It will be seen by these documents that chronic affections of the respiratory passages, are to all the internal affections united, as 1 is to 4.61, and that phthisis is as 1 to 5.27.

During these five years there have been granted by the Council of Health of Cherbourg, 176 invalid discharges for affections of the chest (25 for chronic bronchitis, 95 for chronic pulmonary catarrh, 43 for chronic pleurisy, and 13 for pulmonary tuberculariization), and 43 dismissals for the same diseases, (38 for pulmonary tuberculariization, 4 for chronic pulmonary catarrh, 1 for chronic pleurisy).

* On the influence of marshy places on the development of phthisis and typhoid fever at Rochefort (Bull. de l'Acad. de Médecine. t. x. p. 1041).

The frequency of affections of the chest, and especially of phthisis at Cherbourg, is then an undeniable fact. It is not astonishing, however, when one knows the climate of that city.

As to the seamen, who more particularly interest us, they are far from making an exception. According to a statement of the seamen dying at the Marine Hospital of Cherbourg, or discharged by the Council of Health of that port, from the 1st of January, 1850, to the 1st of January, 1855, chronic affections of the chest are put down for 1 to 3.89 of the number of deaths, for 1 to 5.27 of the dismissals, and for 1 to 4.85 of the invalid discharges. The proportion for phthisis to the number of deaths, is 1 to 4.48 ; to the number of dismissals, 1 to 2.84 ; and to the invalid discharges, a proportion difficult to determine, on account of the uncertainty which chronic bronchitis introduces into the calculation.

As to L'Orient and Rochefort, they do not count up but few seamen. We have not even a hospital in the former of these ports, and M. Lefevre, in the work I have quoted, shows that phthisis rages in the second with as much intensity as in others.

Finally, I come against still another objection. M. Andral (additions to the treatise on mediate auscultation, by Laënnec), in a note which contains, according to my idea, what has been most judiciously said on the question, which is the object of this memoir ; M. Andral, I say, accepting with all reserve the generally received opinion concerning the efficacy of sea life, adds, that if phthisis suspends its ravages on board ship, they recommence on landing, and that the marine hospitals contain as many phthisical patients as the military hospitals of the centre of France. I have just shown that they contain even more, and I will now prove that it is not to the arrival in France that this result is due ; that far from suspending its ravages on board ship, pulmonary tubercularization progresses faster there than on shore ; and that deaths from phthisis, far from being extremely rare at sea, are deplorably common. I have made a table from the reports deposited at the end of the voyage by the surgeon-majors of the ships in the archives of the Council of Health of Brest, dividing these reports according to stations. I have not brought into the account the ships whose documents have not had all desirable precision. I have preferred to make my cal-

culations with less imposing figures, but with positive exactness. I have also avoided including the numerous ships which, by the nature of their cruises, could not be referred to any particular station. By adding the results borrowed from the latter, to those which I have just obtained, I have the number of 103 phthisical patients dying at sea, and 62 sent back to France, from about 90 vessels of all kinds. I would also observe, that the men composing these crews, had all been subjected to an examination previous to their departure. The same table shows that there have been at all the stations, the following proportions:

Station.	Proportion of Deaths from Phthisis.	Proportion of those sent home who are phthisical.
1. Antilles,	1 to 11.00	1 to 6.06
2. South Seas, Oceanica, and New Zealand,	1 to 3.17	1 to 1.54
3. India and China,	1 to 7.07	1 to 22.00
4. Brazil and La Plata,	1 to 6.66	1 to 2.71
5. Western Coast of Africa,	1 to 24.66	1 to 9.00

For all these stations together, in 82 vessels, and 16,612 men, we have a total of 691 deaths, of which 91 were from phthisis, or 1 to 7.59, a proportion almost double that of the army, expressed by the proportion 1 to 13.6.

Finally, by comparing the deaths from phthisis, to the compliment of men, we find that there is one death from phthisis to 182 sailors, as a mean of two years, or 1 to 364 for one year, in place of 1 to 578, which the army gives. Phthisis has then in our navy, on the different stations, almost all of which are within the torrid zone, one-half more victims than in the army in garrison.

It seemed to me it would be interesting to compare these numbers with those which have been obtained in the English navy, and laid before the Admiralty, by Dr. Wilson (*Medical Gazette*, Oct. 2, 1841). Now the proportion of deaths from phthisis, to the general mortality, has been—1st, for the fleet of the West Indies and North America, as 1 to 10.31; 2d, for the South American fleet, as 1 to 5.95; 3d, for the fleet of the Cape of Good Hope and Western Coast of Africa, as 1 to 16.80; 4th, for the Mediterranean and Peninsular fleet, as 1 to 5.84.

These figures approach very nearly, as is seen, to those which we have obtained from the French navy. They follow the

same proportion in the different regions, and fully confirm what I have stated.

The result of all this is, that in the English as well as in the French navy, in our ports as well as at sea, at Toulon as at Brest, and as at Cherbourg, in India as at the Antilles, everywhere that we can follow him, everywhere that we can observe him, the seaman, in spite of the thousand dangers which assail him, in spite of the innumerable causes of death which surround him, and which snatch from phthisis a part of its victims, pays to this disease a larger tribute than the soldier. And if to defend a sea life, one should urge in the discussion the fatigues inseparable from his profession, I would answer that no one on board ship can escape the unfavorable influences which press upon him; that the sudden changes of temperature, and the constant dampness, affect all; that there is the same constant exposure to chills, by suddenly passing from the close atmosphere which is produced by crowding men in a ship, to the cool air of the deck. The officer shares with the sailor these constantly repeated causes of bronchitis and pleurisy. The surgeon and the commissary are not exempt from it, and yet they are kept by the nature of their duties in the lower part of the ship, and are never exposed like the other officers and the sailors, to the wind and the rain, during the long hours of their watch; in these respects, they are in the same conditions as a passenger, and yet phthisis hardly spares them. Out of 14 Health officers of the port of Brest, who died between the first of January, 1851, and the first of January, 1854, two sank under this disease, 1 to 7! Two others have been obliged to give up a sea life, from the same reason.

We obtain from all these facts a first practical deduction, and we proclaim it with all the force of conviction, based on sad experience. It is, that *young men who appear to be predisposed to pulmonary tubercularization, should not be allowed to become seamen.*

PROCEEDINGS OF SOCIETIES.

NEW YORK PATHOLOGICAL SOCIETY.

Reported for the MONTHLY by E. LEE JONES, M. D., Secretary.

February 13. *Dr. Alonzo Clark* exhibited a small vial of urine, which, he was informed, was passed in its present milky condition. From its appearance, he thought it to contain urate of ammonia, but on subjecting it to examination by the microscope, an immense number of extremely minute granules and a few oil globules were observed, and it was noticed that a large number of vibriones were present, formed unusually early, as the urine was kept in a cold room, and examined the morning after it was voided. The milkiness is caused by the little granular masses diffused throughout the fluid. In the other vial is a mixture, of urine two parts, and ether one part, and the milkiness is entirely removed by the ether. It is seen to have separated into two distinct layers ; the upper one is transparent, the lower of an amber color and gelatinous consistence. A large amount of albumen is also present. The specimen was passed by a clerk in a liquor store, who was in the habit of freely drinking gin. Four of five days before the urine in the vial was passed, he is informed that it was clear and natural in appearance. His health has not suffered.

Dr. Van Buren presented, for Dr. Gentry, of Bellevue Hospital, a well marked and beautiful specimen of *encysted disease* of the kidneys, weighing fourteen ounces. When first removed, the surface of both was entirely covered with cysts, varying in size, some containing an ounce of fluid ; in some of a yellow glairy consistence ; in others, of grumous character. The microscope showed nothing peculiar except granular material and a few oil globules. On section, the integrity of the cortical and medullary tissue is seen to remain. The medullary structure was carefully examined, with a view of ascertaining if the cysts were due to a dilatation of the uriniferous tubuli. The inference derived from the examination seems not to warrant this conclusion.

Dr. Clark inquired if there was any dilatation of the investment of the malpighian bodies.

Dr. Van Buren replied that they were not examined.

Dr. Clark observed, that the opinion is entertained by some, that the disease depends on a dilatation of the uriniferous tubes, investing

and reflecting over the malpighian bodies, and that this is the seat of the degeneration, and the effusion occurs on the attacked surface.

Dr. Van Buren stated that it was not clearly ascertained if the sheath was so reflected.

Dr. Clark had himself injected the uriniferous tubes with a solution of indigo, and stained the structure, which looked as if it might be that investing membrane.

Dr. Geo. T. Elliot presented an *aneurism* of the *aorta*, removed from a woman, a patient of Bellevue Hospital, 30 years old. When received, she complained of pain over the sacrum, and a general debility; nothing else seemed to be present. Tonics were administered. Suddenly she was seized with a sharp pain over the heart and left shoulder, and great prostration. The house physician was summoned, and an examination discovered dulness over the left side, and absence of the respiratory murmur. In a few minutes she died.

Post mortem examination disclosed an aneurism of the aorta, which had discharged its contents into the left pleural cavity, where was found a pint and a half of clotted blood.

Dr. Elliot next presented a specimen of *sacculated aneurism* of the *aorta*, *hypertrophy* of *right auricle*, and three *fibrous tumors* in the *right ventricle*.

Dr. Van Buren next presented a specimen, rather of surgical than pathological interest, an *aneurismal sac* of the *internal iliac* artery, which was removed from a patient of St. Vincent's Hospital. At the time of admission, his system was much reduced and shattered by the use of opium and stimulants. On examination, an immense pulsating tumor was seen, situated both above and below Poupart's ligament. Over its most prominent part was a black eschar, which looked as if it might burst at any moment. On consultation, it was concluded that an attempt to tie the artery should be made. A large incision was made, and carefully pushing up the peritoneum, an artery was felt apparently healthy in structure, and supposed to be the external iliac. A ligature was passed around it, with the effect of controlling the pulsation. The next day he was doing well, but in three days active inflammation of the tumor ensued; he sank rapidly, and died on the fifth day.

Post mortem examination disclosed the ligature around the primitive iliac, an inch above its bifurcation into external and internal. A well-formed clot existed in the internal iliac. No peritonitis. Extensive suppuration had occurred in and around the sac.

Dr. Post presented the extremities of the bones of the elbow joint

removed by the operation of exsection for caries, from a boy, fourteen years old. The patient was progressing well, and he anticipated his having a serviceable limb.

Dr. Post again exhibited the specimen of *eburnation* of the *femur*, shown to the members two meetings since. He had macerated the bone, and it is observed that its inferior portion is in a carious condition; above that there is necrosis of the shaft, and within the medullary cavity is a sequestrum, which, though moveable, cannot be withdrawn, being retained by two small holes, each of them having a peg of bone, passing down to the sequestrum. The specimen was mainly interesting from the fact of its presenting anchylosis, caries, necrosis, and eburnation.

Dr. A. Clark exhibited a specimen of *tubercular disease* of the small *intestines*, acute *peritonitis*, &c.; also, a *section* of *waxy liver*. It being quite late, he would give an account of the cases at the next meeting.

March 12. *Dr. T. C. Finnell* presented two stomachs removed from persons of habitually intemperate habits—the larger one is from a man who had been freely drinking brandy for two weeks previous to death. He was found dead in his bed. On examination, it exhibits a dark, slate colored appearance, with much venous congestion of the mucous membrane. The other is from a gin drinker, who was also found dead in his room—the stomach resembles what is commonly recognized as the "rum stomach."

The third one on the table was obtained from a man who committed suicide by taking cyanide of potassium. In three minutes he was insensible, and died in twelve minutes. It presents simply a fiery red appearance.

Dr. Finnell next presented a specimen of hydatids of liver, tubercles of lungs, miliary tubercles on mucous membrane of trachea, profuse hæmoptysis, sudden death.

John Fringsworth, aged 27 years, born in England, enjoyed good health until January, 1856, when he first complained of pain in the side, attended by cough. He continued to work daily until the evening of Saturday, March 8, when copious hæmoptysis occurred, in sufficient quantity to fill, in a few minutes, an ordinary washbowl. Dr. Stephen Smith being called, found him suffocating, from blood in the air passages; the respiration soon ceased, though the pulse could be felt at the radial artery for a short time after. The suddenness of his death led to the belief that an aneurism of the aorta had burst into the trachea.

The Autopsy, 36 hours after death, disclosed the lungs filled with tubercles; the superior lobe of the right firmly adherent to the walls of the chest, consolidated, and containing several cavities. One of these was filled with blood. It is probable that from this one the hæmorrhage had its origin. The left lung contained a less amount of tubercular matter, its lower portion being perfectly healthy. The trachea was intensely congested, from the larynx to the bronchi, and contained, beneath the mucous membrane, miliary tubercles in abundance.

On examining the liver, a large acephalo cyst, or hydatid, was discovered in the anterior border of the right lobe, close to the umbilical fissure; it measured two and a-half inches in diameter, and consisted of a thick fibrous sack, enclosing an albuminous membrane, very delicate in texture, and not adherent to the outer one. Both were separated from each other by an effusion from the inner wall of the fibrous sack, which appeared to be blood and bile mixed together. The echinococci usually met with in these cysts was not discovered, although submitted to a careful microscopical examination.

Dr. Lidell presented the right lung in the second stage of *pneumonia*, obtained from a patient, admitted into Bellevue Hospital, who attempted suicide, by cutting his throat. On examination, the pneumonia is seen to be confined to the upper lobe. He complained at no time of pain in the chest, and had no cough or expectoration.

Dr. D. S. Conant presented the heart, liver, and kidneys, removed from a patient, aged 31 years.

Born in Rhode Island, about fourteen years since he removed to Charleston, S. C. For twelve years he enjoyed good health, when he had an attack of yellow fever, and from that time has never been well. The skin has been yellow, and the general tone of the system very much depressed. He remained in this state until two months previous to death, when slight œdema of the lower extremities, and of the eyelids, occurred, followed by general anasarca, shortly after. The skin of the lower extremities became enormously distended. The scrotum also increased to the size of his head, and the whole integument of the lower extremities became of a dark purple color. The patient also had considerable ascites, which led to the supposition that the liver was the seat of the disease. He died on the 4th inst., apparently from exhaustion, his intellect being perfectly clear to the last.

Autopsy four hours after death. The lower extremities had become somewhat reduced in size, and the scrotum entirely evacuated by acupuncture.

The integument generally was of a dingy yellow color, much darker upon the lower extremities, with slight abrasions. The eyelids were not swollen, the pupils were equally dilated, without peculiarity.

The upper lobe of the left lung was found hepatized, with some slight pleuritic adhesions. The right lung was found completely adherent to the costal parietes. In the pericardium were some six ounces of serum. The descending aorta was partially lined with atheromatous deposit, and to a small extent it affected the aortic valves. The liver was in a cirrhosed state throughout. The capsule of Glisson being in the early stage of contraction.

The kidneys were found much congested, and Bright's disease strongly suspected.

Dr. C. next exhibited three *small tumors* for Dr. A. K. Gardner, taken from the brain of a female.

Autopsy six hours after death. Brain only examined, no marked external appearances, pupils equally dilated. Upon removing the calvarium, a slight point of adhesion was discovered upon the right side, under the parietal eminence, between the dura mater and skull, adhering to the dura mater beneath, and corresponding to the point, was a small tumor, about half the size of a pea, and upon the optic chiasma was another of the same kind of tumors half the size of the former, and attached to the sheath of the nerve. The hemispheres of the brain were apparently healthy, but upon dissecting down to the ventricles, the corpus striatum of the right side appeared entirely flattened, and a slight sense of fluctuation was discovered. A little dissection discovered the entire corpus disorganized by an abscess. The left corpus striatum appeared healthy externally—the same disorganization was apparently commencing internally. The right optic thalamus contained the largest of the three tumors, about the size of a peanut, the left optic thalamus contained the smallest of the three tumors, about the size of a large pea—and the medium-sized tumor was discovered in the pons varolii, low down upon the right side. Dr. Bronson made a microscopical examination of the tumors, which were composed of fat and a great number of slightly caudate cells.

Dr. Gardner had the professional care of the patient, and gave the history of her symptoms.

Dr. Buck presented a *tumor* removed from the orbit of a child five years old, of healthy constitution. It was first observed by the parents, two months ago, situated on the upper lid, and movable. Of late it has rapidly increased, though from the first unattended

with pain, nor was vision at all impaired. When first seen by Dr. Buck, the upper lid was distended and protruded so far as to conceal the eye; its surface was livid and of a purplish hue, and movable over the swellings, which was elastic in feeling, somewhat resembling fluctuation. It was thought advisable to remove the tumor, and it was accordingly done, after etherizing the patient, by dividing the lid perpendicularly, throughout its whole extent, above the brow. It was found loosely attached to its membranes, and no difficulty experienced in its removal, which was mainly accomplished by the handle of the knife. It seems fatty in consistence and appearance. He thought it remarkable from its locality and rapid growth.

Dr. Clark has examined the tumor with the microscope, and would state what he observed.

Dr. Clark found it to exhibit there distinct elements: the first and most abundant consisted of caudate corpuscles, the cells were elongated, and seemingly as if about to be formed into fibres; the cells packed together, their long axis laying in the same direction. Another portion consisted of small rounded granular cells; and these granules—nothing more. It might be classed under that division called recurrent fibroid-tumors. It would be interesting to follow the future progress of the case, and he hoped Dr. Buck would again report to the Society respecting it.

Dr. Wm. H. Van Buren exhibited a specimen of fracture of the skull, occasioned by a blow, involving a rupture of the middle meningeal artery, disorganization of the brain, with production of pus. (No history given.)

Dr. A. Clark presented a specimen of *cancerous disease* (melanotic variety) of the *liver*, very similar to one brought to the notice of the Society, about a year since, by Dr. Sayre, though not so large, this weighing some 16 or 18 pounds, while the one shown by Dr. S. weighed 23 pounds. The specimen was sent to him by Dr. John Turner, of Kings County Hospital, who writes that little is known of the history of the case, and the patient stated, that about a year since he first experienced difficulty of breathing. Four months ago he was attacked with pain in the right side, for which he was cupped, &c. The left eye was affected at the same time, and sight was soon lost. The liver rapidly increased in size, and after admission to the hospital, his limbs became anasarcous, bowels loose, assumed the cancerous cachectic appearance, and soon sank.

The *autopsy* revealed the liver everywhere covered with melanotic deposits of various sizes. The heart is also dotted over with minute

spots of black cancer—the lungs and kidneys also were dotted with a similar substance.

Dr. J. Foster Jenkins presented for Dr. E. H. Parker, a specimen of the simple perforating ulcer of the stomach, situated in the upper anterior portion of the organ, near its lesser curvature. It was on the mucous surface about one-half inch in diameter, and nearly circular. On the peritoneal surface it was oval, its diameters being one-quarter and one-eighth of an inch. Its appearances were those usual to this pathological condition. The following history, meager as it is, is all that could be obtained by the Coroner called to make the investigation into the cause of death:

The subject was an Irish woman, about 35 years old, who died, March 8th—the autopsy being made 26 hours after death. Since the birth of her last child, now 6 months old, she had not felt entirely well. On the 4th of March, she complained of a "pain inside," but kept about the house till the 7th, when she went to bed with "severe cramps" over the whole abdomen, and extreme mental anxiety about not passing urine, of which it is alleged there was none for the last day or two. The cramps increased with "choking and smothering," (as the witnesses said) until death, which occurred at half-past 11 o'clock, the next morning. During the last 24 hours, she drank, according to her husband's statement, about 2 water pails full of tea. About six quarts of fluid were found in the peritoneal sac, made up of fluids taken as drink, serum, and half a pint of pus. Evidence of extensive acute inflammation existed throughout the whole peritoneum. The intestines were largely distended with flatus. The bladder was empty; the liver of a very light color. The stomach was about one-third full of ingesta, as castor oil, food, &c. Besides some old and firm pleuritic adhesions, the other organs were healthy.

Dr. Livingston presented a specimen of cirrhosis, with the following history:

Cirrhosis—peritonitis.—Hugh McMuller, aged 43, carpenter by trade, regular and temperate in his habits, consulted me, about the 1st of January, for an uneasiness he felt in the epigastrium. He raised large quantities of wind, his appetite was not so good as usual, and food seemed to distress him some hours after eating. About this time, he experienced a swelling in the epigastrium, which was sore under pressure, and made it difficult for him to stoop forward. In the course of a couple of weeks, he was forced to abandon his work, solely on account of the increasing difficulty of stooping. The swelling increasing all the time. His bowels acted regularly all the

time, and, I may here remark, they have continued to move regularly every day up to his death.

His pulse was regular, respiration good, countenance rather sallow, but not jaundiced. He now began to vomit more or less every day. Only certain articles of diet would lie upon his stomach.

About the 1st of February, fluctuation was distinct in the upper regions of the abdomen. He now experienced tenderness over the region of the liver, but pain was nowhere else. He was quite dispirited and desponding.

The urine was very scanty, and deposited a thick sediment, but became clear upon adding nitric acid, and also by heat.

Being now pressed for an opinion by his friends, I was compelled to give an unfavorable prognosis, and solicited the counsel of Prof. W. Parker.

Dr. Parker saw him Feb. 8, and, after examining the patient, endorsed my diagnosis of hepatic dropsy. He thought there was too much tenderness of the region of liver to be scirrhus, and that he would die within two months.

From this time to his death very little change took place in his appearance or feeling. The abdomen increased somewhat, the appetite poor, vomiting almost every day, no particular pain, but general uneasiness.

March 11th. He got up about 11 A. M., put his pants on himself, and sat up for some hours. About 6½ P. M., he walked to the bedroom and sat down upon the edge of the bed. His son was standing by to assist him; his wife just left the room a minute, when the son screamed, and, rushing to his assistance, she found him thrown back upon the bed, his feet upon the floor, and quite dead.

Post mortem, March 12, 1856, 17 hours after death, 12 o'clock, M. *Rigor mortis* well marked. No discoloration upon the surface of the body, save around the left ear. Emaciation not very marked. Abdomen much distended, particularly in the region of the epigastrium. Introduced a trochar into the cavity on left side, about midway between umbilicus and spinous process of ileum, from which flowed about two quarts of light, straw-colored serum (which almost entirely coagulated by heat). The abdomen, as now felt gave the impression of a very, solid tumor, filling a large portion of its cavity.

Upon opening into the cavity, the peritoneum was found to be very much *thickened* throughout its whole extent. The intestines were bound together, so as to be scarcely separable. The mesentery so thickened and firm as to feel quite like a multilobular fibrous tumor,

and at once explained the cause of the sensation experienced upon handling the surface of the abdomen.

The abdominal cavity was divided into many cyst-like compartments, by means of firm adhesions, all of which contained fluid, differing but slightly from that first drawn off. A sort of honeycomb arrangement, occupying a space between the stomach and the diaphragm, contained a thin, jelly-like substance, of a deep amber color, not unlike that found in ovarian dropsy. The whole amount of fluid found in this cavity was about twenty-four pints.

The stomach was large and empty ; otherwise healthy in appearance. The liver, spleen, pancreas, and kidneys were removed for examination.

Upon opening the thorax, the eighth pleural cavity was found to contain about two quarts of serum, similar in appearance to that found in the cavity of the abdomen. The right lung was apparently healthy.

The pericardium contained full a pint and a-half of serum, and extended up to the apex of the left lung, the superior border of the clavicle. The pericardium was much thickened, as also the right pleura. The left lung was not larger than a small sized fist, and was so thoroughly glued to the pleura costalis that it could not be separated without lacerating the substance of the lung. The heart was removed for inspection.

Dr. Agnew desired in the presence of a *staphylomatous* eye, recently extirpated, to call the attention of the Society to certain points in the pathology of opthalmia, which would seem to justify the more frequent practice of extirpation. If it is true that inflammation in one eye may induce or maintain disease in its fellow, and that, moreover, the stump left after sinking an eye may, by taking on morbid action, excite inflammation for destructive tendency in the remaining eye—then why not remove a diseased and sightless globe, or an inflamed stump, with a view of stopping or curing secondary changes in the fellow eye. Bnt as Mr. Critchett's method of extirpating, has been proved to be without risk ; why not extirpate a staphylomatous globe instead of endeavoring to sink it, provided it can be proved that the coalescence of the muscles—which are cut off in his method close to their sclerotic implantation—furnishes a movable support for an artificial eye. Having seen an artificial eye in a patient upon whom Mr. Critchett had performed his operation, I can testify to its usefulness and deception. By this way may we not preclude the chances of a diseased stump—avoiding the annoying and not unfre-

quently dangerous primary effects—as hæmorrhage after cutting off a staphylomatous cornea, and the risks during the suppurative process of sympathetic translation, etc.

He desired to call the attention of the Society to Mr. Critchett's valuable paper, in the November number of the *London Lancet*, and would desire to elicit from members, facts and opinions bearing upon the point—for if the results gathered in Mr. Critchett's paper are true—and he is a gentleman of sound judgment and undoubted veracity—it is a question of vital importance to the ophthalmic surgeon.

March 26. *Dr. Alonzo Clark* exhibited a specimen of *serous cysts* of the *kidney*, removed from a patient affected with pleurisy, accompanied with effusion, on the right side of the chest, but without pain. From January to March 4th, he continued to attend to his business, though at times he suffered from a feeling of exhaustion, and from attacks of paroxysmal dyspnœa. From the 4th to the 14th, blisters and diuretics were administered without effect. At this time slight œdema of the eyelids and feet was observed. The urine was tested, and found albuminous. The microscope revealed cysts abundant, with adhering cells, some of them fatty, and some markedly granular.

In consultation it was deemed advisable to puncture the chest, (as the dyspnœa was so urgent) and evacuate the fluid. The operation was performed with Wymans' apparatus (minute canula and pump). He experienced much relief, and immediately laid down and slept for four hours, which he could not do for two days previous to the operation, when he was wakened by a paroxysm of dyspnœa. The next day, at 10 o'clock, he was easy and comfortable, and remained so for 24 hours, when the dyspnœa again returned, and continued for 24 hours, when he died.*

Post mortem examination revealed but a small amount of fluid in the right chest, recent lymph, on the side tapped—an old patch of inflammation on the pericardium—recent lymph over peritoneal surface, and marks of old peritonitis. Nothing else of note observed except a number of serous cysts scattered over the *kidneys;* their surfaces covered over with white spots, which he thought evinced the highest

* The dyspnœa was of a peculiar sort, not such as is produced by mechanical obstruction, either in the air-passages or thoracic cavities; but seemed as if the involuntary respiratory influence had ceased, and respiration must be performed as an act of volition. He would take several full, rapid inspirations in succession, then the breathing would grow less and less deep, till it seemed almost to cease; again the deep inspirations, succeeded as before by breathing more and more feeble.

degree of fatty degeneration—the whole organ itself is in a state of fibrous degeneration; about one-half of the malpighian bodies were shrunken to one-third their natural size, and invested by a thick tunic.

Now, as to the source of these serous cysts, he thought the inquiry interesting. These kidneys, observed Dr. Clark, present no perceptible dilatation of the investment of the malpighian bodies, on the contrary, many of these bodies are shrunken and invested with a fibrous tunic, as said above, their internal organization being no longer recognizable—nor was there to be found any closure or obstruction in the uriniferous ducts; no irregular enlargements or other change, except what is usually found in fibrous disease or degeneration of the kidney. The epithelial lining of these tubes had become, in some portions, fatty, in some, granular, but none of the cells enlarged or changed so as to give any color to the opinion, that serous cysts are produced by an hypertrophy of these bodies. Instead of any of these changes, and perhaps furnishing a key to the real origin of serous cysts, *cells*, of a kind not usually found in the renal tissue, were discovered in these organs, in great abundance—these cells are deposited in the stroma of the kidney, between and outside the uriniferous ducts; these cells were all nucleated, with transparent walls, containing some granules attached to the walls, and varying in size from $\frac{1}{1000}$ to $\frac{2}{100}$ of an inch in diameter, irregularly distributed over the kidney, and disposed to form in clusters.

The connection between these microscopic bodies and serous cysts, so abundant in these kidneys, is not established by the observation of a certain and regular size from one to the other, but the existence of both in the same organs leads to the conjecture, that the former may be the origin of the latter. (The facts will hereafter be investigated, and a further report printed.)

Dr. T. M. Markoe presented a specimen of *sub-ungual-exostosis*, removed from a young man 25 years old, which made its appearance five months since, as a wart, growing under the nail of the big-toe, attended by tenderness. It had continued three months, when its increasing size and tenderness induced the patient to seek relief, and Dr. M. was consulted, who found the integument not very tender, and this warty tumor growing out from under the nail, attached by a deep base to the phalanx. Liquor potassæ, so efficacious in removing the common soft corn, was applied, giving comparative comfort for a time. However, the tumor again increased, and the pain became so extreme, that he advised amputation of the toe. He removed it,

and the tumor is here shown, extending from the extremity of the toe to the base of the phalanx.

The disease is described by Dupuytren; and in Stanley's work on diseases of the bone, a full account may be found.

Dr. Detmold had observed two instances of this disease—he scraped it off, but the growth reäppeared. He then nipped it off with the forceps, first dividing the under surface of the toe, down to the bone, leaving the nail. It had not returned, now some years since.

Dr. J. O. Stone presented a specimen of *imperforate anus*, occurring in an infant two days old. When called, he was vomiting a a greenish matter. The probe, on being introduced, passed up one inch, where it encountered a septum. Fluctuation being apparent, he perforated with a bistory. Meconium escaped, and there also was considerable hæmorrhage, so much as to render plugging with strips of linen necessary. He died the next day.

Post mortem examination showed the presence of 2 or 3 ounces of blood in the peritoneal cavity—a laceration, at the junction of the gut with the septum, opening into the abdomen.

Dr. Garrish had a similar case, where the septum was about one inch from the verge of the anus—he punctured with a trochar—bougies were introduced for three months—the patient is now nine months old, and in perfect health.

Dr. Stone then related a case of sudden death resulting from pulmonary apoplexy, but presented no specimen.

Dr. Isaacs exhibited for Dr. Wm. F. Osborne, a perfect cast of the trachea and bronchi, thrown off by a child laboring under croup, and upon whom tracheotomy was performed—the specimen was passed through the artificial opening—the child died.

Dr. Finnell presented the *stomach* and *liver* removed from a man, who suddenly died yesterday. He had been sick for several years.

Autopsy. The stomach was found distended with fluid of a fiery red color; and liver, in a state of cirrhosis. In cases of cirrhosis previously presented by him, vomiting of blood was a prominent symptom, but in this instance there had been no hæmatemesis at any time.

Dr. F. then presented a specimen of *rupture* of the *ileum*, occurring in a boy 7 years of age, who fell a distance of 10 feet, from a building, bringing with him a large, heavy stone, which fell across his body in front. In the evening he was comfortable—the next day he had much pain in the abdomen—he died on the third day.

The autopsy disclosed no external marks of violence. Evidences of peritonitis were seen, and a rupture of the ileum.

Dr. F. then exhibited the *fragments* of the *skull* of a man, who (in a fit of insanity) shot himself with a pistol. The ball entered the right temple, passed obliquely across, fracturing the bone on the opposite side. The ball rebounded in its own track about two inches. He lived about fifteen minutes.

Dr. O'Rourke presented, as of rare occurrence, a specimen of *fatty degeneration* of the *liver*, removed from a child 2 years and 8 months old, who died of tubercular meningitis.

Dr. Louis Baüer presented a specimen of *fracture* of the *spine*, and gave the following history:

About seven months ago, a little girl, of slender and delicate appearance, aged three years, was entrusted to his care. It appeared, from the statements of her parents, that the patient had previously enjoyed good health, and had recently fallen upon the pavement, injuring her back, and immediately after complained of pain in the spine. On examination, no lesion could be detected. The skin was entire; no displacement of vertebræ nor crepitus could be discerned. There was, however, a moderate degree of tenderness at about the middle of the thoracic portion of the spine, with the least possible projection of the spinous process of the seventh thoracic vertebra; also, a slight anterior incurvation of the cervical portion, causing an equivolent reclination of the head. While moving, the little patient seemed anxious to obviate the slightest flexion of the spine, which became still more evident on picking up small objects from the floor. Besides these symptoms, a moderate fever, slight intestinal disorder, and want of appetite, were observed. It could not be doubted that the complaint originated in the fall, that it consequently consisted in in a traumatic injury, but it was entirely a matter of conjecture whether the injury was a simple contusion, with or without curvature of the spine, or a fracture. Considering, however, the moderate intensity of the existing symptoms, the diagnosis, beyond contusion, seemed hardly justifiable. Nor was the possibility of a subsequent scrofulous complication overlooked. Therefore, after having relieved the constitutional difficulties by sedative treatment, and the injury by a moderate local antiphlogosis, recumbent posture, and repose, a liberal diet, and, subsequently, cod-liver oil and iron, were ordered to be taken. This treatment continued for four weeks, removed all complaints, and relieved the child of all suffering. Nevertheless, the continuance of the horizontal posture was urged. The parents, how-

ever, did not comply, and allowed the patient exercise in the open air.

In three months, the child was again examined, and the results tended to show that health had been re-established; for not the slightest sensitiveness of the affected spinal portion was evinced by severe percussion. A slight projection, however, was evident, corresponding with the seventh thoracic vertebra. The child continued to improve, on the use of cod liver oil and iron, suffering in no ways from her spinal difficulty, until the end of February. Then his services were again requested. The patient was then under a great febrile excitement, with the loss of appetite, insatiable thirst, and difficulty in breathing, with short expirations, which on a sudden had set in. On examination, it was found that the posterior curvature had extended, comprising now the sixth, seventh, and eighth thoracic vertebræ, accompanied by increased sensitiveness. Percussion and auscultation of the chest elicited, however, no morbid action. The suddenness of its appearance seemed to justify the supposition of an acute inflammatory process, and yet not one external cause could be assigned. The recent and steady improvement of the little patient, the absence of any local suffering and morbid symptoms, during a period of six months, could hardly be brought in conformity with the presumption of an uninterrupted continuation of the original disease. The probability of an ununited fracture, and the commencement of osseous softening, with formation of an abscess, suggested itself, although he admitted frankly that he repeatedly dismissed that diagnosis for want of sufficiently reliable signs. The treatment instituted proved of no avail, and the disease went on with little remission. A week before death, a new complication became manifest. While, previously, the thoracic organs had remained intact, the patient commenced, about that time, to breath with increased difficulty, and, though even then the respiratory sounds presented no marked alteration, the percussion to the left of the affected spine evinced a dull resonance, which gradually extended over the remaining portion of the left side of the thorax; and, in the same proportion, the respiratory murmur became more faint, and at last entirely disappeared—the heart at the same time being displaced towards the right side of the sternum, so that its sounds could be perceived there and in the scrobiculus cordis. The right lung remained intact, presenting no more than the puerile, and occasionally the sibilant rhonchus. The fulness of the intercostal spaces, and the diminished mobility of the left half of the thorax, with the cyanotic dis-

coloration of cheek, lips, gum, and nails, with the intermittent pulse at the left wrist during inspirations, left no doubt that a pleuritis exsudativa had been established, which disease ended the sufferings of the little patient, on the 16th inst., by asphyxia.

Incessant care, and watching the progress of this case through its last phases, enabled him to establish the fact beyond dispute, that the pleuritis originated from spinal disease, and radiated subsequently over the remote part of the pleura, and that an abscess of the spine in progress of formation, was the cause of the disease; a diagnosis which was fully borne out by the post mortem examination. The latter took place eighteen hours after death, in the presence of Drs. Neuhaus, Zundt, Pfeiffer, and Gaertner.

In the abdomen, we found the liver slightly enlarged, spotwise fatty, degenerated, and pallid, the spleen in a similar condition, the mesenteric glands swollen, the bladder almost empty, stomach and intestines distended with gas, and the veins filled with very dark blood.

On opening the chest, a large quantity of fluid made its escape from the left pleural cavity. After the sternum was removed, the heart appeared displaced towards the right side, its longitudinal diameter corresponding with the median line of the body. Right lung greatly congested, and of a dark, livid color, but otherwise sound. Right pleura, also, in healthy condition. The left lung compressed, almost solidified, and reduced to the size of an infant's fist, and its interlobular space filled with the plastic products of inflammation, but loosely adherent. The whole left pleura, including the portion that lined the diaphragm, covered with fibrinous deposits. But one fibrinous band between lung and pleura costalis had been formed, and even that was of recent date—judging from the little progress it had made towards its organization. Towards the spine the signs of inflammation evidently increased in intensity; the carnification and thickening of the pleura, the injection of the capillary vessels, and the amount of fibrinous layers being more apparent. It was easy to fill a tumbler with the effused sticky and greenish liquid contained in the left pleural sack, the whole might be estimated at $1\frac{1}{2}$ pints. Pericardium contained also about ℥iiss of fluid. After the intestines had been removed, and the spine laid bare for inspection, an abscess was found right across the spine, at its 7th thoracic vertebra, terminating on either side in a round pocket. The right portion was but little, the larger, however. The lesser portion contained a thick, cream-like pus, of excellent properties; the right a smaller

quantity. A fragment of the spine was then removed, comprising the 5th, 6th, 7th, 8th, and 9th thoracic vertebræ. You see, Mr. President and gentlemen, in this specimen yet the traces of intense inflammation on the left side, and particularly the intumescence of the pleura, whilst the right side exhibits no such signs. There are also the walls of the abscess, which communicate, on either side of the spine, with the morbus focus within the body of the 7th vertebra. The specimen has been divided longitudinally, in order to exhibit more effectually the diseased portion of the bone, which is seen to have been fractured in an oblique direction, leaving the lower fragment in the shape of a wedge, with an almost clean and even surface, whilst the upper fragment has been comminuted, leaving but a few small and moveable sequestra. But even with this specimen in our hand, Dr. Baüer was not prepared to assert positively that a fracture has been the lesion in this case, although the regular form of the lower fragment tends to support such an opinion—though attempts at forming callus are not evident. But certain it is, that there was no trace of any tuberculous deposition, neither within the affected structure nor mixed with the pus, both of which we have carefully examined by microscopes. There is another fact that deserves attention; namely, that although the upper fragment is entirely destroyed, but little disintegration has been effected in the neighboring intervertebral cartilage, showing its textural tenacity.

The microscopical examination of the pleural exudation has elicited no results beyond the ordinary elements of recent inflammations.

In conclusion, Dr. Baüer remarked, concerning the treatment of this and similar cases:

1. That he need hardly say, that after therapeutical efforts had failed in preventing the progress of the pleuritis and its consequences, he naturally thought of paracentesis, and possibly life might have been—for a few days—prolonged. But he had to dismiss this idea, on account of the disease being of more consecutive nature, and ultimate success beyond hope.

2. The general practice in treating these cases is greatly in favor of issues. In chronic periostitis of the spine, and inflammation of intervertebral cartilages, such a practice can find no objection. But the diagnosis is eminently difficult, and sometimes impossible, as this case instances. The patients are mostly delicate and debilitated, whose rest, comfort, and strength demand forbearance, and, moreover, are greatly disturbed by painful issues near a place upon which the pa-

tients recline. Whilst the efficacy of issues is therefore limited to a few cases, and even in those counterbalanced by the inconvenience they produce, they are more than useless in such instances.

It is generally conceded that repose, and the recumbent posture, are the best means to obviate and arrest xyphosis in general. But, in his opinion, this is not enough, and particularly in cases in which traumatic injury is suspected as the remote cause of the lesion. The patient should be prevented from bending and twisting his spine in the slightest degree; for perfect rest is the only guarantee for reunion of fractures, and obviating the consequences of contusions, etc., in the shortest possible time. For this purpose, he constructed an apparatus (which was exhibited to members) for the posterior half of the trunk, that, better than any other, he considered, accomplished that indication.

CHRONICLE OF MEDICAL PROGRESS.

Treatment of Copper Nose (acne rosacea) and of Psoriasis Inveterata, by the Iodide of the Chloride of Mercury. By M. ROCHARD.

It is well known how obstinate are the different forms of *acne*, but especially this *acne rosacea*, which, under the more vulgar name of copper nose, is the terror of ladies. Most dermatologists have got to abstaining from all topical remedies, and to contenting themselves with hygienic remedies, or with means adapted to the relief of the gastro-intestinal troubles, from which the cutaneous affection would appear frequently to proceed. In this state of things, we consider it a duty to make known, with all caution, a mode of treatment which we have not yet had occasion to try, but which is presented with the guaranty of very admissable doctrinal views, some detailed cases, and the assertions of an honorable practitioner.

Doctor Rochard, remembering that certain mineral waters, whose most apparent effect is to produce an eruption on the skin—the waters of Louesche, for example—frequently benefit acne, has endeavored to imitate this action of the thermal medicine by the use of a substance which, when locally applied, and also taken internally, would spur on the disease, so to speak, and, by constantly aggravating it, would give a sort of satisfaction to the pathological movement. The preparation on which he has fixed, after many trials, is the iodide

of the chloride of mercury, discovered by M. Boutigny, of Evreux, and which is composed either of one equivalent of iodine and two of calomel, or of one equivalent of the first and one of the second.

To prepare the first compound, take of iodine one equivalent, 1579.5 ; of protochloride of mercury, two equivalents, 5948.5. Powder the calomel coarsely, put it into a matras, and heat it gently, agitating it till it commences to sublime ; then add the iodine in small quantities, and the combination takes place with noise, without perceptible loss of the iodine. If, on the other hand, the iodine is mixed with the calomel, before it is put into the matras, a good portion of the iodine is volatilized, and we only obtain a preparation of unknown proportions, and consequently of an uncertain efficacy.

To make the second compound, take a single equivalent of calomel. In other respects, the mode of preparation is precisely the same. The first formula is designed for internal uses, and, externally, in ointments ; the second to be run into cylinders to be used as a caustic.

These preparations may also be varied by putting in less iodine ; but, if more is put in, we have an unstable preparation, which is consequently inconstant in its action.

The following is the usual formula for the ointment : Iodide of the chloride of mercury, in powder, 11.6 grains (75 centigr.) ; fresh lard, 15.4 ounces (60 grammes). Mix with care.

The ordinary formula for pills is this : Iodide of the chloride of mercury, 4.9 grains (25 centigr.) ; gum arabic, 15.4 grains (1 gramme) ; bread crumbs, 2.3 ounces (9 grammes). Orange flower water sufficient to make 25 pills.

In the greatest number of cases, according to M. Rochard, the external treatment will be sufficient. The ointment is applied once a day, for two or three consecutive days, upon the diseased surfaces, and only upon them. The parts may be left uncovered. The eruption appears ; a matter—sometimes serous, sometimes puriform—escapes abundantly from the follicles, and forms crusts of various appearances. The eruption completed and the irritation calmed, that is, in about three or four days, the frictions are recommenced and are continued, with the same alternations, till the cure is completed. Improvement is indicated by the decreasing intensity of the eruption. If this does not appear after four, five, or six frictions, to the topical treatment is added the use of the pills above described, of which from one to three may be taken each day, their effect on the digestive organs being carefully watched. The treatment, if we judge by the cases published, ordinarily lasts several months.

"By applying our principles with perseverance," says M. Rochard, "and with only the skill which practice gives to patients, we have been able, up to this time, to conquer *all the most severe copper noses* which have presented themselves to us, and the great majority of which had been treated long and uselessly by men the most justly celebrated in the specialty of diseases of the skin."

We really hope that these words do not give any exaggerated idea nor go beyond the intention of our confrère. They suppose, on the one hand, a very large number of experiments, and, on the other, a constant success. Now, to succeed so frequently, so invariably, in a disease reputed to be one of the most rebellious, is so extraordinary a thing that we cannot help wishing the evidence of a more extended experiment. It should not be forgotten that the point is concerning true copper nose (acne rosacea), and not of other forms of acne. The author expresses himself confidently, and, if that ought to be a merit of a well established success, it is also of a nature to justify reserve. Moreover, M. Rochard has met some unbelievers among the most distinguished dermatologists.

We ought to say, however, that the author rests upon some private cases, which are very encouraging. If, in a good number of them, the patients have been lost from sight before the cure was complete, and with only a considerable amelioration, if there are few where one can be confident there was no relapse, there are some where the result appears to be as perfect as possible. Such is the following case :

Case 1. Madam Vaterlot, living at No. 74 Faubourg St. Honoré, fifty-one years old, hatband-maker, of a lymphatico-nervous temperament, never had any severe disease in her infancy. Before her menses, they frequently noticed on her face small white tetters, for which she took some herb juice and bitter ptisans. Her health was excellent till her twenty-ninth year, when she had very severe confluent small-pox. Afterwards, some days before the appearance of the menses, she suffered from burning of the face ; there was a constant redness of the cheeks, and sometimes small swellings with white heads appeared. These slight accidents disappeared soon after menstruation commenced. As she grew older, the swellings increased in number and in size. Their secretion became more active, and the redness more intense and more fixed, being accompanied by severe smarting, especially after meals in the evening.

In 1849, Madam Vaterlot ceased to menstruate, at the age of 44

years. It was at this time that the acne developed itself, with irritation and permanence.

When I commenced the application of the preparation—in July of the same year—the cheeks, the nose, the chin, and, to a slight extent, the forehead, were of a very marked cherry red. These different parts were sprinkled with pustules of considerable size, slightly indurated at various stages of progress. Many of them poured out a yellowish substance, which, by drying, formed very adherent brown crusts. After the first applications made over all the effected parts, there was a very active exudation. A very abundant and somewhat thick yellowish matter soon covered the parts with a hard crust, shining as if crystallized, which, after several days, was thrown off with some difficulty by dessication. The surfaces exposed by the falling of these crusts had a less red aspect; the capillary vessels were less congested, and the pustules were evidently approaching resolution, being of smaller size and less indurated. The succeeding applications produced an exudation, the consistnce and abundance of which diminished perceptibly each time, so that the softer and smaller crusts separated promptly and easily. These crusts took a yellow color in proportion as the exudation diminished in activity.

After *four months'* successive application of the medicine—which always reproduced the same phenomena nearly as intense—I decided that the congestion of the capillaries no longer existed; that the pustules had entirely disappeared, and, in short, that the resolution of all the organic alterations in the skin was complete. Since this time—now *five years*—Madam Vaterlot has enjoyed the most perfect health. She has a marked *enbonpoint*. There has been no threat of relapse.

As is seen by the title of this article, M. Rochard has also used with success the iodide of the chloride of mercury in *psoriasis inveterata*. He relates only a single experiment, undertaken in an extremely rebellious case, which had resisted, for a great number of years, the treatment of the most skilful specialists. This is a synopsis of it.

Case 2. This case, which runs over thirteen years, (the author does not say why he did not think he ought to make it known sooner,) is that of a travelling clerk, of the name of Dissaux, who entered St. Louis Hospital on the 18th of October, 1837, for a psoriasis of old standing, which had spread over the forehead, the ears, a great part of the cheeks, the abdomen, and the lower limbs. Fowler's solution, repeated a second time, the sulphurous preparations internally and

externally, depuratives, had no success. Given a third time, the arsenical solution caused the disease almost to disappear, as if by enchantment, for fifteen days. Colic obliged them to suspend the use of the drug. There still remained some patches on the abdomen and on the back. The patient left the hospital.

Progressive return of the patches—reädmission to the St. Louis Hospital, in September, 1839—failure of the liquor of Van Swieten, and of the turpentine ointment—aggravation of the disease. The 5th of July, 1841, he came under the care of M. Gibert. A hydrotherapiac treatment (this therapeutic method was then under trial at St. Louis, by a foreign physician) was in vain followed for five months. M. Devergie, in his turn, tried vapor baths and tar ointment. The disease yielded in part, but there remained some slight patches on the thighs and hands. As they did not think they could accomplish anything more, they gave him his discharge. Soon after, the disease reäppeared with intensity ; the patient asked admission to the hospital and was refused. At first he was going to throw himself into the water, but got himself arrested as a vagabond, and was sent to the Madelonnettes, where M. Rochard visited him as assistant physician.

He was then considerably emaciated. His face was expressive of deep sorrow. A great part of the skin where there was hair was covered with hard, thick scales, of a rough white, principally on the fore part of the head. The forehead and the cheeks were sprinkled with smaller patches, of which the scales were finer. Large white spots, of different forms, covered the thighs and the front part of the legs. The elbows and the cheeks were entirely covered. From the neck to the sacrum all the posterior portion of the trunk was sprinkled with somewhat large, thick, white spots, of very different forms. A few of the same appearance were found on the chest. There were none upon the abdomen. Finally, others harder and drier, though smaller, were situated on the back of the hands. There was almost no appetite, digestion was painful, and there was evidently a condition of inactivity in the digestive passages. The pulse was regular and feeble. There was insomnia, and the itching was sometimes intolerable.

"With a disease so severe and so obstinate, I tried," says the author, "the use of the iodide of the chloride of mercury, in an ointment. This is the result of my observations : The skin showed signs of stimulation, an hour after the first application of the ointment, and the disease appeared to be exasperated. The patches became red—

the scales more prominent. This acute stage lasted some hours. The next day, a second friction produced the same phenomena; they were of a little longer duration, and more acute; the scales rose and appeared to crack off. Finally, on the third unction, the scales detached themselves completely, under the influence of the energetic stimulation of the skin, become itself very painful. I suspended, for a time, the action of the drug, and observed that the patches were losing their redness and their elevation, and that the scales exfoliated and fell rapidly. After five or six days' rest, I repeated the frictions for three days in succession, once every twenty-four hours. The same phenomena of cutaneous reäction showed themselves more actively, and were followed by the same improvement. I then saw that I was master of the treatment, and that I could pursue it to the extinction of the disease by taking care to leave a sufficient time for rest after each application of the drug. In fact, I thus accomplished the complete removal of these patches, and, in proportion as the resolution took place, the skin resumed its natural appearance. After eight months' treatment, I succeeded, by the topical application to all the affected parts, in curing this rebellious psoriasis. The health of Dissaux became excellent, he became notably fleshy, and recovered all his energy. Before leaving Paris, he came to thank me, promising to return if a new relapse should occur. Since the 23d of September, 1843, I have not seen him.—*Gazette Heb., March* 7, 1856.

Excision of the Cervix Uteri for Corroding Ulcer.—In the *Medical Examiner* for March, the details of an interesting case are given by Dr. Turnbull. An unmarried woman, aged twenty-five years, came under his care in May, 1852, with dysmenorrhœa; occasional vicarious discharges from her stomach; pain in the uterine region, radiating down the limbs; skin pale and anæmic; appetite poor, and bowels constipated. She had never been in good health, either general or menstrual. In 1852, she had dysentery in a severe form, recovering from which, she found herself suffering from constant pain in the lower part of the abdomen, with a sensation of weight, accompanied by a leucorrhœal discharge. She was treated by a physician for prolapsus of the uterus, by means of rest, abdominal supporter, &c. Having experienced no relief during the month thus treated, she applied to another physician, who after *touching*, ordered strong injections of nitrate of silver, with some internal remedies. From

this treatment she received no benefit. As stated above, she came under Dr. T's care in 1853, and he treated her constitutionally and with anodynes, without destroying the pain, however.

Towards the end of the year, she reluctantly consented to digital and specular examination, when he discovered a gray corroding ulcer penetrating the mouth of the uterus, and causing it to turn towards the rectum, the neck being enlarged.

The treatment pursued was, cupping over the sacrum, leeches to the lower part of the abdomen, with an occasional blister dressed with mercurial ointment, and the internal use of small doses of calomel. To the ulcer, application of nitrate of silver was made; mucilaginous baths and anodyne injections were also used. By these means she was more comfortable, and able to engage in her usual occupation, but the ulcer would not heal.

In January, 1855, Dr. T. was again called, in haste, to visit her, on account of excessive hæmatamesis. This discharge had become more frequent than when he was first consulted, and the menses had almost entirely ceased. Small doses of acetate of lead and opium moderated the flow and diminished the pain. Salivation was produced by small doses of bichloride of mercury, and the ulcer was touched with protonitrate of mercury. These agents produced no benefit. After recovery from the effects of the mercury, the patient was placed on the internal use of large doses of extract of conium, in combination with iodide of potassium; and the local applications were also changed, all which means were unavailing. The gnawing, intense pains returned with violence, so that she was obliged to give up her work.

Upon inquiry, the patient was informed that the removal of the neck of the womb by excision was the only remedy left. She took time for consideration, and finally consented, and even urged the operation, as life seemed a burthen to her. Therefore, the excision was effected May 21, 1855, the patient being under the influence of ether. Considerable hæmorrhage followed, which was checked by plugging the vagina. One grain of opium every two hours, and acid gum water, were prescribed. Ether and opium sufficed to relieve severe nervous spasms which occurred in the afternoon. Daily attendance was required until July, when she had an attack of convulsions continuing twelve hours. She was sent into the country, whence she returned in August, feeling and looking well, able to resume her usual occupation in a cotton mill. The parts had healed, menstruation had returned, and consequently the vicarious discharge had

ceased. The microscopical characters of the excised part were fibroplastic, and hypertrophied normal cells. In January, 1856, the patient had gained several pounds in weight, and was able to live with comfort.

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*Suicide and Suicidal Insanity.**

There are some authors who in all cases regard suicide as an act of insanity. For them it is sufficient that one should have voluntarily killed himself, or even made the effort to kill himself, to constitute the deed one of mental alienation.

We, however, are not of this opinion; for there are occasionally circumstances in life in which suicide, without ceasing to be reprehensible and culpable in a moral sense, can, however, be readily accounted for by a state of mind far removed from insanity.

In this connection Monsieur le Docteur Brierre de Boismont appears to be in the right, when he defines this difference, which common sense, even, unaided by science, so readily establishes; and when he insists upon the great importance of making the distinction between the man who, in committing suicide, retains his reason and his self-control, and that one who, suffering from that form of mental alienation, suicidal monomania, is no longer a responsible agent.

It is upon such a scale of difference that M. Brierre de Boismont chiefly establishes the general considerations which preface his work; and here he endeavors to discriminate as accurately as possible between the various causes to which we should refer the frequency of suicides in our day. We can comprehend the full value of these *etiological* researches when we learn that since the commencement of this century there have been, according to statistical facts, no less than three thousand cases of suicide in France.

Those studies to which our author has devoted himself, and the standard of comparison which he has established between the dif ferent epochs, have led him to the following conclusions: that the earlier ages, on account of the peculiar philosophic and religious doctrines then entertained—which were essentially pantheistic—were favorable to the development of suicide; whilst in the middle ages, the Christian religion having been established, and there being a

* Du Suicide et de la Folie Suicide, Considérés dans leurs Rapports avec la Statistique, le Médecine et la Philosophie. Par A. Brierre de Boismont Paris. 1856. 8vo., pp. 663.

predominance of the religious sentiment, and spiritual philosophy, the progress of the evil was arrested. And now, when incredulity is so prevalent, the pride of reason so exalted,—when love of self, skepticism, and indifference are made the code of action of the masses,—a new impulse has been given to the disposition to commit suicide.

The causes of suicide may be divided into two principal classes—the predisposing and the determining. Among the first the most frequent cause, doubtless, is the hereditary tendency, which alone exercises a stronger influence over the insane than over those of sound mind. Next follows the influence of sex, which evidently has a great control, the proportion of suicides being much larger with men than with women. Then come the age of the individual and the circumstances of fortune and education. A singular fact, and one which, at first view, would appear beyond the bounds of probability, is, that in such localities as are most advanced in matters of industry, and also among those classes who have been the most highly educated, we find the largest number of suicides; which result entirely coincides with the author's experience, as he has stated it in one of the latter chapters of his work, where he proves, by authentic and exact statistics, that the number of suicides is in direct proportion with the advance of civilization.

"It is," to use M. Brierre de Boismont's own words, "when doubt, skepticism, self-love, the desire of worldly gain, and ambition have the ascendancy over religious faith, over patriotism, moral integrity, and resignation, that disappointment and despair give rise to feelings of despondency and depression, and lastly to the thought of voluntary death itself."

As regards the determining causes, M. Brierre de Boismont arranges them under ten different heads, one alone of which comprises insanity in all its varieties, hypochondria, and deficient action and over-excitement of the brain.

Almost all the others relate either to particular circumstances, independent of the individual,—such as poverty, reverses of fortune, grief (more or less profound), diseases, &c.,—or to unconquered passions. This chapter, which contains an immense number of facts, is certainly one of the most interesting of the volume, and evinces the arduous and persevering investigations which the author must have made, in the numerous collections and in the valuable records which have been placed at his disposal.

In reference to the practical conclusion which may be drawn from

the *resumé* of all these facts, M. Brierre de Boismont thinks that it is connected with the solution of the great social question of the day —pauperism, labor, and wages—and he thinks that an intimate knowledge of the causes of insanity should be able to furnish numerous lessons for those to whom is entrusted the government of society.

The distinction of the intellectual conditions of those who have committed suicide, is, perhaps, better evinced by analyzing the last sentiments expressed by them, as found in the writings which they often leave, which analysis the author has understood how to use to great advantage in support of the position which he assumes in his essay. As regards those who commit suicide in full possession of reason, it is found that the motives which they assign in explanation of the act are the results of the passions, the inordinate desires,—in a word, of all the common incentives to action in life ; whereas, with the insane, the tendency to suicide is determined by hallucination, illusions, and other morbid conditions. With those of a sane mind who commit suicide, reason remains undisturbed ; but with the insane it is in a state of perturbation.

We pass by the chapters relating to the symptoms and nature of suicide, and its medical jurisprudence, to notice particularly that part which is more interesting to the general practitioner—its treatment, which evidently differs accordingly as the disposition occurs with one in full exercise of reason or with one insane. In a few words we can give an analysis of the course of treatment as laid down by the author. Religion, m rality, and the ordinary occupation of the individual, are the best preventives against suicide.

Reason can triumph over the disposition to suicide, when passion alone is prompting it. The judicious control of the passions can be of great service, but it must be commenced at an early period of life; and this tendency to suicide should be overcome in childhood by a systematic training of the mind. It is especially at maturity that reason, moral instruction, and a system of amusements can be crowned with success.

Old age is often driven to suicide by solitude. The true way of overcoming the disposition with such is to build up around them a new family circle.

Imitation, which is a species of moral contagion, contributes to increase the disposition to suicide ; therefore nervous, impressible persons should avoid conversations and books relating to this subject. Threatening punishments are, at the best, good only for un-

civilized nations; but actual punishments for certain vices—such as drunkenness, for example—would diminish the number of suicides. The moral treatment of this disposition to suicide is of great importance; but it is also necessary to determine whether the physical condition of the patient may not be one of the causes of the malady, and to meet it with the appropriate treatment.

In the state of insanity, the treatment of those disposed to suicide differs from that for those who are sane. More frequently is it necessary to resort to seclusion, to coercive measures, and to therapeutical agents—such as long-continued baths; shower-baths also are found serviceable in the acute stage of this malady. Cold affusions and anti-spasmodic preparations and tonics may be employed with great success; also external irritation, such as friction of the skin, and likewise depletion and blistering, may prove beneficial. It is sometimes necessary, in cases of prolonged refusal of food, to introduce nourishment into the stomach by means of the œsophagus tube. The administration of morphine appears at times to be useful in the treatment of suicidal insanity. When the acute period of the disease has passed, the pleasures of the family circle are of great service. During convalescence, country air, traveling, gymnastic exercises, amusements, and intellectual as well as manual labor assist materially in the cure. The recovery may be attributable to a physical or moral crisis.

Children born of parents who have committed suicide should be subjected to preventive treatment, which ought to consist of a peculiar kind of physical and moral training, directed with discretion and perseverance by individuals selected for that purpose.

Mr. Brierre de Boismont's work is a highly valuable one, particularly in reference to suicidal insanity—the principal object, in a word, of the studies of the author. It abounds in curious and interesting facts, all tending to the support of the theories, and the opinions which the author's experience has taught him. It will be a worthy appendage to his work on Hallucinations, and we can safely predict for it a brilliant success.—*Revue Medico-Chirurgicale and Journal of Insanity.*

Phosphorus.—Dr. Klitzinsky, after making very thorough examination of the various wines, is of the opinion that their therapeutical value rests upon the existence of phosphorus.—*Medical Times and Gazette.*

The Abendberg Hospital for Cretins. By J. HUTCHINSON, F.R.C.S.L.

I had the pleasure yesterday of paying a visit to the Abendberg Hospital for Cretins, an institution which I had long wished to see, and of the present state of which I am inclined to think that a short account may, perhaps, be acceptable to your readers. Although commenced but fourteen years ago, it was then the first hospital for idiots that the world had possessed, and to its example we are indebted for the several establishments of a somewhat similar character which have since come into life. It is not my purpose, however, to occupy your pages with any account of its formation, or of the reasons which induced its benevolent founder to undertake the work, but simply to give a brief report of a personal inspection of its wards.

Early on Saturday morning, July 21, I left Interlachen, in order to climb the Abendberg, a mountain, the foot of which comes close to the town. High up upon its side the Cretin Hospital was already distinctly visible, and an hour and a-half of steepish ascent brought me to its door. The reader must not suppose, from the use of such words as "hospital," "wards," &c., which, perhaps, from the force of habit, have escaped my pen, that the institution referred to bears any resemblance to those so designated at home. If he will imagine two or three Swiss châlets of the larger class placed side by side and built into each other, he will have a pretty good idea of the exterior of Dr. Guggenbuhl's mansion. The heights of the Abendberg are at a great elevation, and the prospect commanded from them is a most glorious one, comprising the vale and town of Interlachen, the lakes of Brienz and Thun, and the Bernese Alps, with the snow-clad Jungfrau, in a panorama not easily surpassed.

Dr. Guggenbuhl was at home, and with kind cordiality devoted a considerable portion of his morning to conducting me over the establishment.

The first room entered was the bath-room. In this were three girls, at ages varying from six to ten, apparently much enjoying their bath in a large tub of water, medicated by an infusion of aromatic and astringent herbs. This bath, I was told, was considered very efficacious in restoring muscular power, and was used once every day, or every alternate one, for about half an hour at a time. None of the three patients whom I saw could speak or stand, although they were all reported as improving, and had been under treatment for considerable periods. Passing from this room, we walked through

the garden, and spoke to several children who were there engaged. One of them, a little girl of eight, presented a marked example of that form of the disease which is attended by a kind of solid œdema of the cellular tissue. Her face was large and swollen, the lips and alæ nasi being especially thickened; the tongue a little protruded from the mouth; the arms and legs were twice their natural size, from subcutaneous hypertrophy. Her head was large, and nowise ill-formed; but she had a remarkably stolid, apathetic expression, and would not attempt to utter a syllable. She could stand, and, by holding to a rail, could walk a little. Dr. Guggenbuhl told me that she had been two years under treatment, that the swelling had greatly diminished, and that the evidence of awakening mental faculties was satisfactory. Returning to the house, we found the three children, whom we had left in the bath, undergoing the second part of their prescription. They were now laid, quite naked, on a couch, in the open air, the head alone being protected by an umbrella from the sun, whilst the limbs were rubbed by an attendant with oiled hands. I was particularly struck with the peculiar yellow-brown color of the skin which these children presented in all parts of the body. It reminded me strongly of that which occurs in certain rare cases in England, which have been described by Dr. Addison as associated with disease of the supra-renal capsules. The peasantry of Switzerland generally have bad, earthy complexions, and exhibit quite exceptionally anything like healthy, florid coloration; but in none have I noticed the lustreless bronzing of the surface so marked as in these cretin children. That it did not depend upon exposure to the sun was evident from its uniformity, and from its being even more pronounced in those parts protected by the clothes than in the arms and face.

Our next visit was to the school-room. Here we found sixteen children, about two-thirds boys, employed in reading and writing. All these had been for periods of from two to eight years inmates of the establishment, and were advancing in convalescence. All could stand and walk, and some had attained sufficient muscular power to be able to run and to lift weights. The movements, however, even of the the most advanced, were still clumsy and awkward.

Dr. Guggenbuhl, in answer to questions, told me that his treatment was always, in the first place, directed to improving the physical development of his patients before attempting anything in the way of teaching, and that generally from one to two or more years would elapse before it was thought desirable to admit a child into the school. At first, instruction would be given for half an hour daily,

and then, by gradual steps, the period would be increased to three hours, beyond which latter it was rarely thought advisable to pass. I may confess that I was totally unprepared for the remarkable results which I witnessed in the school-room. Of the sixteen cretins present, with the exception of one who was blind from small-pox, all could read and write, more or less. Two or three of them bore in their countenances unmistakable evidences of mental power, developed even to a certain degree of acuteness. All looked happy, and several of them remarkably so. As a proof that the institution is not a mere asylum, but may fairly claim for itself the title of a "Hospital *for the cure* of Cretinism," let me cite the case of one lad whom I found acting as a sort of monitor. Fritz Meier, now aged sixteen, a native of a village on the banks of Lake of Thun, and one of a family of cretins, entered the Hospital eight years ago, unable to stand or to speak, and in a state of complete mental imbecility. He is now a well-grown lad, of a not unpleasing expression of countenance, fairly muscular, and able to run, though with a certain awkwardness of gait. His head is of a natural size, and, as to form, peculiar only in being contracted across the forehead. He answers questions willingly, and is glad to be conversed with, always, however, requiring a little time to prepare his replies. He has mastered three languages, and showed me his copy-book, in which were written long *dictation* lessons in German, French, and English. Anxious to test his powers, and to see whether he had attained any confirmed ideas, I got him to read to me in an English book. The word "stars" occurring, I asked him to give me the French and German for it. "*Les étoiles*," "*die sterne*," were his ready replies. "Where do we see the stars?" I asked. "In the heavens at night." "Where do they go in the daytime?" "They are still in the heavens." "In the heavens!" said I, assuming an expression of astonishment; "then why don't we see them?" He thought a while, and replied, "Because the sun is too bright." Although this lad was certainly the most advanced of those whom I saw, yet Dr. Guggenbuhl gave me to understand that his case had many parallels.

A considerable number of the patients were engaged out of doors in gardening or farm occupations, the whole establishment comprising between thirty and forty. The acquirement of competency for industrial occupations, especially those pursued in the open air, is very properly considered the most important end of the treatment, inasmuch as it will enable them in after-life to earn a livelihood.

In fear that I shall otherwise unduly lengthen this letter, I will

endeavor to express concisely in detached fragments what is further to be said.

1. With regard to medicinal treatment, Dr. Guggenbuhl told me that he had often derived great benefit from the use of mild preparations of iodine. In some cases iodine appeared to be hurtful, by increasing the muscular atrophy. The iodide of iron in grain doses was a favorite prescription. Almost all the patients had taken cod-liver oil, beginning with one-drachm doses thrice daily, and gradually increasing the quantity. In improving the nutrition and aiding the physical development, Dr. Guggenbuhl spoke strongly of the effects he had witnessed from the oil. Tonics of all kinds, more especially the vegetable ones, were in general requisition.

2. The popular notion that cretins have small heads and low foreheads is a fallacy. Dr. Guggenbuhl assured me that, in his observation, microcephalic cases are decidedly exceptional. Of those I saw most had larger heads than usual, and only two were noticeably below the average.

3. A narrowness in the width of the forehead Dr. Guggenbuhl has observed to be the most frequent departure from the normal conformation of the head. In not a few instances the occiput is remarkably wanting, while in others it is unduly large.

4. Irregularity about the arrangenent, size, &c., of the teeth, is a very constant phenomenon, and was present in almost all the patients I saw. An undue arching and height of the palate was another remarkable and very constant condition. In one girl, to whose mouth Dr. Guggenbuhl directed my attention, the hard palate could not, I should think, have been less than an inch in elevation above the level of the gums. The whole upper jaw was contracted, and the deformity quite sufficient to suggest the idea that, in many cases, this malformation may constitute one of the causes of difficult acquisition of the faculty of speech.

5. Other deformities, such as club-foot, for instance, Dr. Guggenbuhl believes to occur with greater frequency among cretins than others.

6. None of the patients whom I saw were affected with enlargement of the thyroid gland, to any noticeable extent. Dr. Guggenbuhl told me that, in Switzerland, goître rarely commences before the age of fifteen; he had, however, known cases in which it was congenital, and others in which it had begun in very early life.

7. The distinction held between an idiot and a cretin is, that in the former, mental imbecility may be complete, the muscular power yet

remaining good, whilst, in the latter, not only is the mind wanting, but there is loss of ennervation generally. In cretins, the whole nervous system is deranged. There is no actual paralysis, but such entire loss of muscular coördination, that the limbs are useless. The muscles are atrophied to an extreme degree, and a cretin is usually much emaciated. The leanness of the rest of his body serves, by contrast, to increase the disgusting appearance presented by his swollen tongue, thick lips, &c. Two of the children under Dr. Guggenbuhl's care belonged, as he remarked, more strictly to the class of idiots than to that of true cretins.

8. With regard to the causes of cretinism, Dr. Guggenbuhl believed that they were of a general character, and not by any means always the same. Close, confined, humid situations, impure water, want of attention to cleanliness, frequent intermarriage, were, as he thought, the causes to which its prevalence in Switzerland must be referred. As to the effects of intermarriage, he entertained a very strong opinion, and I was glad to learn that he is collecting a body of evidence on the subject, with the intention, at some future time, of making it public. Respecting the opinion first suggested by Cantu, of Turin, and since prominently developed by Dr. Chatin, of Paris, that the disease depends upon the deficiency of iodine in the water and atmosphere, Dr. Guggenbuhl, in answer to my queries, stated that he deemed it, as yet, "not proven." He knew of no facts which made it very improbable, and much wished that some Farraday would undertake an inquiry of so much difficulty, requiring so much philosophic caution. He considered that Dr. Chatin had advanced it with much more of positiveness than his facts warranted.

9. Dr. Guggenbuhl believes that there are at present not fewer than 10,000 cretins of various degrees in the Swiss cantons, and at least an equal number in Piedmont.

10. I asked particularly as to the permanency of improvement in the cases which had been treated in the Abendberg. Dr. Guggenbuhl told me that many had been discharged more or less completely restored, and that some of these had continued hitherto without relapse. He believed that after the age of about fifteen, the cure was permanent, and that even if the patient returned to his home in the valley, he would generally remain without relapse. At more early ages, however, relapse is frequent. In many instances in which parents, pleased with the improvement obtained, had insisted on having their children home too soon, a return of imbecility had been the result. This had been so frequent, that a rule had been made

for the establishment, that no child should be admitted unless the parents would engage that it should remain there at least three years. Dr. Guggenbuhl had known but very few cases indeed in which cretinism had commenced *de novo* in adult life. It would appear, indeed, to be a chronic disease to which the nervous system is liable only during the pre-adolescent period, and which, in its early stages, may be efficiently counteracted by the removal of its exciting causes, and the adoption of proper treatment. Whatever may be the patient's condition at the period of adult age, so he remains through life, with the difference in the cases remedied ; and the qualities which in the child excited only pity, become disgusting and loathsome in the man. I cannot conclude this letter without an expression of the pleasure which my visit to Guggenbuhl's exceedingly well-managed establishment gave me. A more instructive exhibition of earnest, devoted, and successful philanthropy I have rarely witnessed.—*Med. Times and Gazette.*

New System of Ventilation.—A new system of ventilation has recently been invented, and extensively adopted in Paris. Mr. Duvior is the inventor.

The peculiarity of this system is, that it supplies two processes at one and the same time ; namely, warming and ventilation.

The plan is simple. At one end of the building that is to be warmed and ventilated by this system, there is sunk in the soil a chamber containing a grate, on which is placed a bell-shaped double walled iron vessel, filled with water. From this reservoir, and running upwards in the chimney of the furnace, are three pipes which are made spiral, so as to offer a larger surface for obtaining heat from the smoke ascending around them.

The spiral pipes convey from the lower reservoir an upward current of heated water, to an open reservoir at the top and centre of the building. From thence the water is distributed downwards, and in its heated state, by other pipes, into every part of the building. In each room is a kind of water stove, through which the water plays, and from which sufficient heat is radiated to warm the apartment. After the water from the upper reservoir is fully distributed over the building, it is collected by a common pipe, and is conveyed into the lower reservoir over the furnace to ascend and circulate, give up its caloric in some part, and return for more.

As the water on its journey is only partially cooled, the amount of fuel required in the furnace is moderate. By this simple means the warming process is carried on; but more than this is effected, for ventilation is at the same time secured.

The open reservoir at the top of the building, which as we before said, was kept filled with hot water, is surrounded by a chamber, out of which a shaft rises. This chamber receives the air from all the rooms of the building, by means of a series of ventilating tubes or shafts, one of which runs from each room upwards to the top of the building, where it enters at right angle into a common transverse shaft communicating with the chamber.

From the extensive radiation of heat from the open reservoir, the air in the chamber is expanded, and a constant current from the building below upwards through the shaft is sustained.

Each of the ventilating shafts in the separate rooms is provided with a square opening at the bottom and the top. These admit of being closed at pleasure. In the Winter, the upper one is closed, and the air, therefore, with which the room is charged from without has to find its escape by a downward movement to the opening at the bottom of the room, and so upwards through the shaft. In the Summer, the lower opening is closed, and the upper one is opened, so that the current is directed upwards into the ascending shaft.

The advantages which are said to arise from this system are: 1st. That it insures free ventilation; 2d. That it warms and ventilates at the same time; 3d. That it is cleanly and inexpensive; 4th. That in hospital wards, where the emanations from the sick are offensive or pernicious, such emanations can be borne away directly from above downwards, by having the upper opening in the ventilating shafts in each ward closed, and the lower one open. The wards are thus constantly swept clean of all hurtful gaseous products.

The mode of ventilation here described has been applied in Paris to many public buildings with entire success. There lies before us at this time, a diagram showing the principle as applied to the "Hôpital de Lariboisère," and also several reports from distinguished judges of the value of its action and of its successful application. These are all candid, and, at the same time, are in general decidedly favorable.

We hope, ere long, to see M. Duvior's principle introduced into this country. If its success were confirmed, it would prove a valuable acquisition, and not an unprofitable one in business a point of view.

For the intimation of this mode of ventilation, for the inspection of the diagram above referred to, and for the perusal of the documents

descriptive of the plan, we are deeply indebted to Dr. Waller Lewis, whose knowledge of the sanitary state of the capital of France, and of the various improvements in sanitation, is of a high order. Dr. Lewis, after having seen Cuvier's system in operation, expresses himself to us as perfectly satisfied in regard to its utility.—*Journal of Health, December*, 1855.

An Interesting Case of Midwifery. By Dr. HAHN, Wuertemberg. Translated by Dr. STIEBELING, of New York.

A lady, 39 years of age, tall and strong, became pregnant in the month of November, 1852, and felt the quickening in March, 1853, on different spots of the abdomen, at last especially on the right side. A periodic pain was perceived since that time on the right side of the umbilicus, but disappeared four weeks before the term of gestation. The great distention of the abdomen caused in the last time labored respiration, costiveness, and strangury. On the 3d of August the waters escaped; they were stinking, and continued to flow mixed with meconium during the four following days. At this time the spasmodic contractions of the uterus became stronger and more frequent; thereupon Dr. Hahn was called to attend her. He found the abdomen very distended, not sensitive, soft, and he could feel portions of the fœtus nearly everywhere on the right and left sides. No pulsation of the fœtal heart could be heard; the os uteri was very high; no presenting part could be felt. The spasmodic contractions lasted without any effect on the dilatation of the os uteri till the 14th of August. Opium, chloroform, warm baths, could not remove them. An examination then made, proved that the os uteri was drawn upwards to the left side and that only one finger could enter it; the breech presented. After a few doses of moschus the contractions became regular, and expelled the breech during the night; the labor was then terminated by interference of the attending accoucheur. The child was a mature one, but dead and already putrified; the placenta was expelled after half an hour.

An external and internal examination showed now, that there was another fœtus in the peritoneal cavity: breech upwards; head below; back in front; no pulsation of the heart could be heard. On the 5th and 6th day after delivery, the pains, which had been very weak since, ceased entirely; no signs of lochia, some fever; the left leg was swollen and painful; the lady felt internally an object falling from one side to the other. On the 4th week after delivery,

a bloody and serous discharge took place, a round, hard body could be felt through the fundus vaginæ. On the 9th week the menses recurred; the fœtus was less moveable and its size seemed to diminish. Soon afterwards the lady became pregnant again; a living child was born in the month of June, 1854.

Peculiar Influence of Pregnancy.—Dr. W. F. Montgomery, in a paper read before the Association of the College of Physicians of Ireland, after speaking of the health of child-bearing women and of the enceinte state as retarding existing disease, says he thinks he has seen sufficient to satisfy him that pregnancy, at least occasionally, exercises the influence of preventing the development of disease, although the infection may have been caught. To substantiate this opinion he makes mention of several instances as scarlatina, typhus fever, and erysipelas, wherein the disease showed itself immediately after delivery, although from three to six weeks had elapsed after exposure.

In speaking of phthisis, he says, if a woman predisposed to phthisis, but in whom the disease has not actually become developed, prove pregnant, she is likely to be benefitted thereby; but, on the other hand, if pregnancy takes place in a woman already actually in consumption, or if this disease supervene on pregnancy, the fatal issue is more likely to be accelerated.—*Dub. Quart. Jour. Med. Sci.*

Syphilis and Vaccination.—In Baneberg, Bavaria, a medical man was lately condemned to two years' imprisonment for having vaccinated several children from a child exhibiting a syphilitic eruption on its face and body. The judgment was commuted, however, on the opinion of Heyfelder and Pauli, of Rhenish Bavaria, they having testified to the impossibility of communicating syphilis by the agency of vaccine lymph. Ricord and Cullereer, who are supported by the Soc. de Chirurgie, corroborate their testimony.—*Bull. Gen. de Thérap.*

Bloody Tumor of the Vagina.—Dr. J. K. Mason reports in the *Medical Examiner*, a peculiar case, which appears to be a traumatic venous aneurism. He was called to a woman in her first labor, and finding uterine contractions unavailing, he applied forceps and delivered her; notwithstanding all precaution, the perineum was ruptured. Upon examination, a second child was discovered presenting like and in the same position as the first child, which was vertex presentation, in right sacro-iliac position. After waiting due time, and finding the labor not advancing, he again touched and found the progress checked

by a large bloody tumor, extending from the left external labium to the presenting part, the head of the child being then in the superior strait. After consultation, it was decided to deliver by forceps, and risk the rupture of the tumor, in preference to using the knife for its evacuation. The forceps were applied, and upon making firm traction, the tumor burst, spurting its contents over the operator; after which, the fœtus was easily drawn out. No hæmorrhage occurred from the tumor. No sloughing of the vagina followed, as was feared; the rupture healed perfectly, and the woman recovered and supplied abundance of milk for her two vigorous children.

Dr. Mason is of the opinion that it was impossible to have prevented the rupture of the perineum, attributing the accident to a laxity of fibre, which was a characteristic of the woman's muscular system. To the same cause he attributes the rupture of the coats of the vessel which caused the tumor.

Abortion.—M. Scavzoni proposes, and supports his proposition by cited cases, to produce abortion by exciting the mammary glands, by means of an apparatus acting on the principle of cups.—*Gaz. Med.*

The Spleen.—M. Velpeau having removed the spleen from a dog, which recovered from the operation without ill effects, made examination of the blood of the animal several years after, and no difference could be discovered between it and the blood of a dog which had suffered no such loss. The animal, during life, enjoyed perfect health. —*Virginia Medical and Surgical Journal.*

The Relative Value of Disarticulation of the Knee, and of Amputation of the Thigh.—M. Baudens, in a paper on this subject, referred by the Academy of Sciences, of Paris, to the section on medicine and surgery, says that the opinion of all the chiefs of the ambulances, confirmed by all that he saw from Marseilles and Toulon to Constantinople and the Crimea, is that disarticulation of the knee should be preferred to amputation of the thigh, whenever it is not possible to amputate the leg below the patella. Disarticulation should be performed immediately, that is as early as possible after the wound is received. Consecutively, amputation of the thigh should be preferred. The difference of success in immediate or consecutive disarticulations is due to the fact that even in the condition of health, the size of the bone is not in perfect harmony with the quantity of soft parts; and the disproportion becomes still greater when the patient has lost his flesh by prolonged suffering and profuse suppuration.—*Gaz. Hebdom.*

Privilege of Physicians.—The question, whether or not a physician who sends to the civil officer of State a new born child, is bound to mention in the certificate of birth, the name of the mother, or if he can refuse to make this declaration, by alleging that he was charged to keep the name secret, came up before the Court of Appeals, in Gand, by the appeal of the public minister, from a decision of the Court of Ypres, which had sustained the physician. The Court of Gand, by a decision given on the 12th of December, and discussed at length, persisted in its former judgment against the physicians, and condemned the defendant to a fine of 50 francs, and costs. This is the fifth decision that the Belgian courts have given in the same way.—*Ibid, Jan.* 18.

Chloroform in Military Surgery.—M. Baudens presented to the French Academy of Sciences a number of striking facts in the practice of the surgeons of the Crimean army, from which he showed clearly that the careful administration of Chloroform in the ambulances had been followed by no accident, and had made practicable the gravest operations, by sparing the patients new and unnecessary suffering.—*Ibid.*

The *Medico Chirurgical Review*, of Paris, is united to the *Moniteur des Hôpitaux.*

Different Laws Concerning the Age of Discretion.—We find in a curious memoir by M. Vingtrinier, with the title of "Concerning Children in Prison and Before Judges," (Rouen, 1855) the following statements concerning the age of discretion in children. They show how the laws of each nation have varied in this respect.

By the Roman law, the child under ten years and a-half, was declared *voli non capax.* At fourteen years and over, he was subject to all punishments, even the capital.

By the Austrian code, all the offences of a child from eleven to fourteen years are considered as infractions of simple police. At fourteen years all peculiar protection ceases.

The Brazilian law admits the presumption of innocence till fourteen years.

In Louisiana, under ten years the child cannot be arrested, and from ten to fifteen years, it is necessary to decide if he has arrived at the years of discretion.

The old law of the Bourguignons (loi Gombette) would appear to have fixed the age of civil discretion at fifteen years; for in article 3,

chap. 87, we read that for all acts committed before this age they were liable for fifteen years.

The English law, in fact, admits no absolute incapacity beyond the age of seven years. Children of ten, nine, and eight years, have been condemned to death.

In France, under the reign of Saint Louis, children of fourteen years accused of crime, were, according to the ordinance of 1628, condemned to a whipping or to the payment of a slight fine. Beyond fourteen years, the fine was from 20 to 40 livres ; sometimes imprisonment for six or eight days was added. Afterwards, and in the gravest cases, they were condemned to "exposition," which consisted in suspension by support under the axillas, a punishment by which, in 1772, the brother of the famous Cartouche was killed.

Now, for any kind of crime, and any kind of offence, the tribunals or the courts of assize apply the same law and the same penalty in the case of a small or great offence, as in the case of a crime after having declared children *guilty of the fact*, but *without discretion;* then they are said to be *acquitted*. This acquittal saves them from sentence, but they are retained in a house of correction, to be brought up till they are twenty years old, at the cost of the government.—*Annales Medico Psychologiques.*

Glycology.—M. Poggiale has undertaken to prove experimentally, if in reality, in diabetes, the passage of sugar in the urine is owing to a defect of the *alkalinity* of the blood. According to his statement, sugar can exist in the blood and in the urine, even in the presence of alkalies, and the nature of the climate has no sensible influence upon the quantity of sugar contained in the organism, as M. A. Bernard also thinks. The glycosune would be due "to an incomplete oxydation of the sugar in connection with a lesion of the nervous system."

Experimental Researches on the Production of a Convulsive Epileptiform Affection, after Lesions of the Spinal Chord. By M. BROWN SEQUARD.

The author, by numerous investigations, has assured himself that this convulsive affection may be produced after the following lesions : 1st. Complete, or nearly complete, transverse section of one lateral half of the spinal chord. 2d. Simultaneous transverse section of the posterior columns of the posterior grey cornua, and of a part of the lateral columns. 3d. Transverse section of the posterior columns alone. 4th. Transverse section of the lateral columns. 5th. Transverse section

of the anterior columns. 6th. Transverse sections of the entire spinal chord, in the dorsal and lumbar regions. 7th. Puncture of the spinal chord.

Lesions of the chord would appear to be less and less capable of producing the epileptiform affection, in proportion as they are made nearer the chordal extremity. The time of the appearance of this affection is almost always in the third week after the operation.

Convulsions occur sometimes without external excitement, but in general they can be very easily provoked, either by irritating one side of the face—in those cases where the lesion exists only in a lateral half of the chord—or the two sides indifferently, when both halves of the chord have been injured ; or, again, by preventing the animal from breathing for a very short time. This convulsive affection much resembles epilepsy. It appears to differ from it only in this, that the animal cries during the attack, if he is pinched. The author has shown that the number of attacks increase considerably in animals which he shut up in a narrow space, and to which he gave much food.

On examining animals having this convulsive affection, M. Brown Sequard found decidedly artificial lesion of the chord, a state of congestion of the base of the brain, and of the gasterion ganglion on both sides, when the lesion was on both sides of the spinal chord, and only on the side of the lesion, when it was on but one lateral half of the chord.

From the facts reported in this work, the author draws the following conclusions :

1st. Various lesions of the spinal chord may produce in mammiferæ a convulsive affection, having much analogy to epilepsy. It seems, consequently, that in man it is not by mere coincidence that we find alterations of the spinal chord in epileptics.

2d. Lesions of the spinal chord may produce such a change in the vitality of the trigeminal nerve, or of that part of the brain where this nerve rises, that the irritation of the branches of this nerve in the face, produces convulsions. Farther, the right half of the spinal chord has this influence on the trigeminal nerve, or the eucephalon of the right side, and the left half of the chord on one or other of these parts on the left side.—*Gaz. Heb., Feb.* 1, 1856.

Dropsy of the Pericardium—Paracentesis and Injections of Iodine.—M. Aran has demonstrated the feasibility of injecting the pericardium. Velpeau's ideas concerning injections into serous cavities

has thus become embodied He included the pericardium among the membranes susceptible of treatment by the injection of iodine, and beginning with hydrocele, the practice has been advancing, until M. Aran has entered the very precincts of life, and with what success can be seen by the following condensed notes, from the *Gazette Medicale*:—

CASE.—The patient was a man aged 24 years. He entered the St. Antoine Hospital on the 27th of July, 1855, having before been treated there for pleurisy. He now had pericarditis, with extensive effusion. Fever, cephalalgia, great thirst; pulse 116. The local symptoms characteristic. Various remedies consistent with the patient's feeble habit were used without success. On the seventh of August he was threatened with suffocation. The local and general symptoms had increased. M. Aran decided to puncture the pericardium. He did so, selecting the fifth intercostal space as the point of entrance, and emptied the cavity of 28 ounces of fluid. He then injected a mixture of water and tincture of iodine, each an ounce and a-half, and one scruple of iodide of potassium. No pain followed the injection. A portion of the fluid was allowed to flow out, and then the wound was closed by graduated compresses. The dropsy returned, and in a fortnight the man was as bad as ever. On the 19th of August, M. Aran punctured again, drew off 45 ounces of dark albuminous fluid, and again injected the cavity with the same mixture, quadrupling the quantity of iodide of potassium. The effusion commenced to return the same evening, and increased until the 23d of August, when it began to diminish, and in the latter part of October the patient was well.

It is said that at London, as well as at Paris and in Germany, they talk of the future Medical Congress which ought to be held in September, 1856. The chief object of this Congress, in which all the distinguished medical men in the world should be invited to take part, should be the extinction, if not complete, at least partial, of the diseases which decimate most frequently the laboring classes. The project of this Congress, which has been announced on all sides, has, nevertheless, been recently denied by the English journals.—*Gaz. Heb., Feb.* 1, 1856.

Calcareous Waters.—A few drops of hydrochloric acid taken before meals, entirely prevents the unpleasant symptoms affecting those who are obliged to use limestone water.—*Virg. Med. and Surg. Journal.*

Hæmostatic.—Dr. A. B. Butler recommends for hæmorrhage from various organs the administration of tannin in solution with elixir vitriol, in the proportion of four scruples of the former to an ounce of the latter, in doses of fifteen drops three times a-day, or more frequently if the symptoms demand it.—*Charleston Med. Journal.*

Symptoms affecting Workers in Caoutchouc.—The following observations are taken from notes read before the Academie de Médecine by M. Delpech.

Workers in caoutchouc are liable to various derangements of digestion, profound disturbance of the understanding, and serious alterations of the nervous system. The experiments upon animals justify the conclusion that the symptoms are attributable to the inhalation of sulphuret of carbon in a state of vapor.—*Jour. de Med. et de Chir. Prat.*

Green Hair.—M. Martin publishes a case of a worker in metals, having wrought in copper for the short time of only five months, whose hair was lately white, but now is of a decided green color. The man cannot appear in the streets without exciting general curiosity. His hair alone is affected by the metal. Chemical analysis discovers in it a notable quantity of acetate of copper.—*Ibid.*

Comparative Anatomy.—M. Leon Dufour states that "the nemoptera sees, breathes, walks, flies, eats, digests, secretes, and reproduces like all other insects; but the most careful scalpel, and eyes the most skilled in microtomical researches, have not been able to demonstrate either a brain, ganglia, or nerves."—*Ibid.*

Cathartin (Der Cathartinkaffee. dessen Berestung und Gebrauch in Unterleibskrankheiten, von Dr. Brandeis in Baden-Baden. Karlsruhe 1855. Oreuzbauer und Viereok).

If senna leaves are extracted by cold water during 12 hours in a covered vessel, the brownish liquid contains only Cathartin and the pigment of the leaves, but not the ethereal oil, the resin, etc. Coffee prepared by means of such Cathartin-water, instead of ordinary water, is the best mode of administering this remedy, Cathartin not altering the smell and taste of coffee. The extract of 1 dr.—2 dr. of senna leaves—is sufficient for one or two cups of coffee, which usually effect one or two pappy evacuations of gray-greenish color; besides the copious secretion of dark yellow urine with a slimy sediment. Cathartin coffee is of great use in chronic disorders of the bowels; it

must be taken every day or every other day; one evacuation daily is sufficient, more than two are injurious. Plethoric persons, inclined to cephalic congestions, better take Cathartin-tea prepared in the same way as the coffee. This remedy can also be used as ordinary purgative; children take it very easily. The author cured or relieved over 500 patients, suffering from different diseases of the bowels; as diet, he recommends abstinence from fat victuals and from legumes. —*Translated by Dr. Stiebeling.*

A correspondent of the *Press*, of Paris, writes, on the 14th of February, to that journal:

"Typhus affections and scurvy constantly have victims in the hospitals. M. Baudens is occupied in placing the patients in the numerous barracks which stretch from the "Great Waters" to the Malasque. They wish to lessen the excessive crowding together. They have just lost here two physicians, who were taken sick in the Crimea, Messieurs Lardy and Dalac. The latter died on board ship The Sisters of Charity suffered cruelly. Three have died within eight days, fourteen have been compelled to leave their duties to enter the hospital of their community; three have not been able to be moved on account of their critical condition.—*Gaz. Heb., Feb.* 29, 1856.

At the session on the 4th of January, of the section on Pharmacology of the Medical Society of Vienna, Doctor Scherzer made some statements concerning various plants, grains, and barks of trees, which the natives of Central America use as remedies in certain cases of disease, and which are now but little or not at all known in Europe. For example, the inhabitants of Guatemala use with success in intermittent fever the bark of a tree called *Chichike*, of which Doctor Scherzer presented to the Society some of the leaves, flowers, and bark. The merit of having first tried the bark, and of having made known its curative virtues, belongs to a physician of Guatemala, Dr. Farfan. The chichike is found in large quantities on the western slope of the Cordilleras, in the State of Guatemala, and does best on slightly moist lands, under a temperature of 80 or 82 degrees Fahrenheit. A quintal of the bark of the chichike costs in the port of Istapa, on the Pacific, but little more than 8 piasters, and Doctor S. has engaged to put that quantity at the disposal of the section on pharmacology, for new trials. Considering the high price of the cinchona bark, which increases constantly, the chichike bark, if its efficacy is certain, will be of great importance in therapeutics.—*Gaz. Heb., Feb.* 15, 1856.

The Microscope a "Detective."—Professor Ehrenberg's microscope, which did such good service in procuring undeniable proof of the Simonides fraud, has been made use of again, in Prussia, to detect the thief that stole a barrel of specie, which had been purloined on one of the railways. One of a number of barrels, that should all have contained coin, was found, on arrival at its destination, to have been emptied of its precious contents, and refilled with sand. On Professor Ehrenberg being consulted, he sent for samples of sand from all the stations along the different lines of railway that the specie had passed, and by means of his microscope identified the station from which the interpolated sand must have been taken. The station once fixed upon, it was not difficult to hit upon the culprit in the small number of employees on duty there.

Syphilis of the Bones.—Out of 115 cases observed by Dr. Suchanck, at Prof. Waller's clinic, he found syphilis of the bones to be more common than syphilis of the skin, and more rare than syphilis of the mucous membranes. Women were more affected than men, in the proportion of 5 to 3. In 55 per cent. of the cases, it was complicated with the cutaneous affection; in 30 per cent., with the exhibition upon the mucous membrane; in 12 per cent., with the disease in the lymphatic vessels.

In 97 cases, the affection of the bones had been preceded by chancres; in 18 cases, there had been no chancres; and of the 97 chancres, 2 only were indurated. In 4 cases, the disease was regarded as hereditary.

Syphilis of the bones became developed in 7 per cent. of the cases during the progress of the ulcers, and in 93 per cent. after the cure of the chancres.

Mercury and iodide of potassium were the therapeutic agents mostly employed. The average number of days in the combined method of treatment has been 97; with the simple method, the average was 37 days.—*Gazette Med. de Paris.*

Chloroform.—Dr. Finlay, reporting the result of the use of various remedies, says that he finds chloroform, administered internally to patients with typhoid fever and typhoid pneumonia, productive of the happiest effect. It produces sleep, and, he thinks, prevents intestinal ulceration, and checks and removes tympanitis. In fact, he declares that, if confined to one article, he would prefer chloroform to opium. —*Counsellor.*

Substitutes for Quinine.—We find in the Archives Générales a paper by Dr. Felix Jacquot, giving the result of his experiments with quinine, arsenic, apiol, and hydrochlorate of ammonia, in the treatment of intermittent fevers.

Of the comparative effects of the first two mentioned articles, the general conclusion is, that the sulphate of quinine is not replaceable by arsenic. The per centage of cases cut short by quinine is 50, while the per centage of cases cut short by arsenic is hardly 14.

Of arsenic, he says: "It cannot for a moment be regarded as a substitute for quinine. It will probably find a limited place in the treatment of indigenous intermittent fevers, but it has absolutely no pretensions against the recent endemo-epidemic fevers of hot countries. We are scarcely authorized to use it except in fevers which resist all the preparations of bark. Uncertainty and contradiction reign over almost all points relative to arsenic. It is a medicine which we cannot handle with the double certainty of obtaining the effect desired and of avoiding the dangers connected with its administration."

Apiol finds no favor with M. Jacquot, and of hydrochlorate of ammonia he says, it bears no therapeutical pretensions in the intermittents of hot countries, and there is much doubt of its capability in those of our own climate. The observations are based on 282 cases. He is supported in his opinion by MM. Mayer Cordier, Pasquier, Armand, and Gougé, and especially by Dr. Minzi, who, after trial upon 400 cases, has abandoned arsenic for want of success.

Menorrhagia.—Dr. Farmer, in the London *Lancet*, recommends cinnamon in tinctura, given in drachm doses, every six hours, for the cure of menorrhagia. He says this agent acts specifically upon the uterus. It should be continued for a fortnight after the symptoms indicating its use have ceased.

Mania, as Influenced by Menstruation.—Dr. Clement Ollivier gives the result of his observation on this subject, in the *Jour. de Méd. et de Chirurg. Prat*, stating that, whenever a woman consults him with any mental disturbance or disease of the imagination, he never fails to discover some irregularity in menstruation, or some ulceration of the cervix uteri, the removal of which invariably destroys the mental affection.

In chronic cases of uterine affections, the disturbance of the mind has more than once been noticed at Dr. Barker's clinic, in this city;

but the mental affection has not always been removed upon the cure of the disease as speedily as noticed by Ollivier. It has been necessary to address the mind directly, before the affection yielded. In one instance which we recall, several weeks elapsed before any amelioration of the mental symptoms was produced, and then it was by great adroitness and expert management.

American Surgeons in the Russian Service.—There are at present, twelve American surgeons serving in the Russian army in the South of Russia. Eight of these, Marshall, of California; Smith, of New Orleans; Weems, Hank, and Johnson, of Baltimore, Md.; Hart, of Memphis, Tenn.; Parke, of Illinois, and Clarke, of New York, are stationed at Simpheropol, in the Crimea. Drs. Bostwick, of New York city; Oliver, of Boston, Mass.; Morton, of Nashville, Tenn., and Smith, of Vermont, are stationed at Odessa. Thirteen others have served in the Crimea, of whom five have died there, seven have returned, and one died at Berlin, on his way to America. Dr. Draper, of New York, died of typhus fever at Sebastopol, on the 19th of March, 1855. Dr. King, of Charleston, South Carolina, died of typhus fever at Kertch, on the 20th of March, 1855. Dr. McMillan, of New Orleans, died of cholera, at Sebastopol, in June, 1855. Dr. Jones, of Maryland, died of cholera at Simpheropol, on the 24th of October, 1855, and Dr. Deninger, of Reading, Penn., died of cholera, at Simpheropol, on the 25th October, 1855. Dr. Stoddard, of Baltimore, Md., died at Berlin, on the 21st of January, 1856. Drs. Harris, of New York; Turnipseed and Davega, of South Carolina; Henry, of Mobile, Ala.; Eldridge, of Maryland; Reade, of Norristown, Penn.; and Holt, of Georgia, have retired from the Russian service.

Dr. Ernest Cloquet.—We read in a letter from Teheran, dated November 1, and published in the *Moniteur*, that this gentleman, physician to the Shah of Persia since 1846, has just died, after severe suffering, the victim of a deplorable accident. He drank a large quantity of tincture of cantharides, which he had mistaken for brandy. M. Cloquet had been solicited by the late King Mehemet Shah from the French Government, who left the choice in the hands of the Academy of Medicine. M. Cloquet received a considerable salary, about £1400. He had married an Armenian lady in July last. His remains have been temporarily placed in the church of Vanek, a little Armenian village in the neighborhood of Teheran.—*Gaz. Hebdom., Dec.* 14.

EDITORIAL AND MISCELLANEOUS.

MR. ERICHSEN.—It is a principle with some persons never to acknowledge themselves in error, since, by this course, they preserve the prestige of infallibility—at least to their own minds, however readily others may be undeceived. It is impossible for us to find any other reason for an article published by this gentleman, in the London *Lancet*, during the last Winter, concerning the introduction of probangs into the trachea. Perhaps our readers are aware that he sometime since published a work on surgery, in which he asserted that this operation was *impossible*. He now repeats his assertion, and gives a wood cut, to show what is the curve which the whalebone of the probang took, when he did *force* it into the trachea of a dead subject. It is sufficient to say, with regard to this, that the probang used by every one who professes to perform this operation, *cannot, by any means, be bent* into the shape which he gives in his cut, unless it has previously been soaked in hot water, when it possibly might be. Such arguments, while they admit of no answer, must fail to convince, though they do come from London.

WHAT IS MIND ?—At last a short answer to this question is found by Dr. Hunt, of Urbana, Illinois, and we give it for the benefit of any one who can understand it ; viz., "the traditional impress of force progression through brain matter.

RESIGNATION.—Dr. Luther V. Bell, who has become so eminent in the management of the McLean Asylum for the Insane, has retired from its superintendence. His place is filled by the election to it of Dr. Booth, for several years the assistant physician in the Institution.

AMERICAN MEDICAL ASSOCIATION.—The session of this Society, at Detroit, will be held in the "Firemen's Hall," corner of Jefferson avenue and Randolph street. The day is the *sixth* of May—the first Tuesday. Dr. Zina Pitcher will probably be President, as he is, we understand, the candidate of the profession of Detroit, as well as of the State of Michigan. It is a good nomination.

The following is the list of delegates from the principal Societies of this city :

From the Academy, Drs. Willard Parker, Beadle, Bolton, Buck, Bulkley, Clements, Corson, Detmold, Horace Green, J. W. Green,

Henschel, J. Foster Jenkins, Kissam, McNulty, Minor, Post, Purple, Sayre, J. M. Smith, C. D. Smith, Stephen Smith, Stone, Taylor, Vandervoort, Van Kleeck, Van Pelt, John Watson, Watts, Isaac Wood, and J. R. Wood.

From the Pathological Society, Drs. J. T. Metcalfe, A. C. Post, E. H. Parker, F. Nash, Holcombe, F. U. Johnston, Jr., Vermilyea, Sims, Hinton, Church, Schilling, Emmet, J. Lewis Smith.

Practical Instruction in Uterine Diseases.—To any who may be desirous of more particular instruction in the diseases of women than can be obtained at the public cliniques, we cordially commend the instructions of Dr. E. R. Pulling, of this city, who furnishes an article on obstetrical statistics for this number. He is the resident physician to the Lying-In Asylum, and possesses abundant facilities otherwise, for instructing his pupils practically. His classes—which are only two in number—are limited to five pupils each, so that there is no hindrance from too great numbers. His terms are very moderate. Dr. Pulling's address is 85 Marion street.

Medical Journal of Montevideo.—We have received several numbers of the Journal of the Montevideo Medical Society (*Anales de la Sociedad de Medicina Montevideana*). The journal was originated under the auspices of the Montevideo Medical Society, according to primal intention, as set forth in their Constitution, in which one of the principal objects of the Society is declared to be the foundation of a periodical, in which to publish the transactions of the Association, a resumé of correspondence, papers presented by members—subject to approval by the Society—cases of importance and of practical value, as furnished by the hospital, and native and foreign periodicals, and all matters of scientific interest.

The numbers before us give indication of energy, the latest numbers showing improvement and progression, being superior to the first, which dates November, 1853. The original articles are marked with ability and vigor, while the review of foreign journals, and the editorials, are creditable to the management. One peculiar feature of this periodical, which is of scientific value, is a quarterly publication of a meteorological bulletin, with hygienic observations. The Journal deserves a better artistic appearance than it presents, and we hope it may prosper and continue in its support of science, making its regular appearance on our table. We shall, as occasion presents, honor ourselves with extracts from its pages.

LITHOGRAPH OF DR. J. R. WOOD.—We have received copies of a lithographic likeness of this gentleman, together with the following correspondence, and are happy to comply with the request to publish it. When we say that it is by D'Avignon, from an ambrotype by Brady, we hardly need to add that it is well done.

NEW YORK, Feb. 5, 1856.

Dear Sir :—At a meeting of the graduates and students of your class, the undersigned were appointed a committee to solicit you to sit for an ambrotype likeness of yourself for their use.

In asking this favor, we feel that your acquiescence would be another evidence of the kind consideration of one whose character, both private and professional, has been an object of their highest regard, and whose untiring efforts for our professional advancement will ever be most gratefully remembered.

We remain, very respectfully, your humble servants,

W. F. LINDSAY, Chairman.
LYMAN FISK, M.D., Secretary.
W. H. NICHOLS,
W. H. CLUSSMAN, M.D.
GEORGE F. WOODWARD, M.D.
SYLVESTER TEATES, M.D.

To Dr. JAMES R. WOOD, No. 2 Irving Place.

NEW YORK, 2nd month, 8th, 1856.

Gentlemen :—Your favor of 5th, requesting of me an ambrotype likeness for your use, was duly received.

Some years since, a similar request was made by some of my students. Although feeling highly flattered, for many reasons I declined the honor at that time.

The renewed application of the graduates from my office, and my present students, now compels me to grant your request.

I remain very respectfully yours, JAMES R. WOOD.

To Messrs. LINDSAY, TEATES, CLUSSMAN, NICHOLS, WOODWARD, &c.

ANATOMICAL DRAUGHTING.—To those who may wish drawings of any anatomical or pathological preparations, dry or recent, we shall be doing a favor, by saying that they can depend on its being *well* done by engaging the services of Mr. S. Sicard David, of this city. We make this unasked notice of the fact because we know by experience that Mr. David is able to do what he undertakes; and to those who doubt, we shall be happy to show a drawing in water colors of a simple perforating ulcer of the stomach, which he has done for us, beside some other work.

BOOK NOTICES.

Atlas of Cutaneous Diseases. By J. Moore Neligan, M.D., &c., &c. Blanchard & Lea, Philadelphia. (From Wiley & Halsted.)

This is a quarto, containing fifteen plates, each with from three to six colored lithographs of various cutaneous diseases, and one of the insects or fungi that produce some of these disorders. To give perfect accuracy to drawings of diseases of the skin, they require to be colored by hand, each separately. This is, however, a very expensive process, and the colored lithograph comes next in excellence, though at some distance behind. These, on the whole, are well done, and, at a little distance, give a good idea of the various diseases. The letterpress, of which there is a page for each plate, gives little more than the name of the disease represented and the reference to the case, as described in the author's "practical treatise" on the same class of disorders. The plates can, however, be used with other treatises.

The Principles of Surgery. By James Miller, Professor of Surgery in the University of Edinburgh, &c., &c. Fourth American from the third and revised English edition. 240 illustrations. Blanchard & Lea. pp. 696. (From Wiley & Halsted.)

Prof. Miller's work is too well known to require an extended notice. This edition is a reprint of the last English edition, and contains all the author's amendments. It is one of the standard works on Surgery.

On Organic Diseases and Functional Disorders of the Stomach. By George Budd, M.D., &c. Blanchard & Lea. (From Wiley & Halsted.)

This is the same work that we have previously noticed as republished by S. S. & W. Wood, of this city. Concerning the matter, we have nothing additional to say. As to the style in which it is reprinted, we decidedly prefer the New York edition.

A Practical Chart of Auscultation and Percussion, for the use of Students. By T. Gaillard Thomas, M.D. New York.

Charts were never of any great use to us, but to others we have known them to be very beneficial. This one is by a gentleman of ability, and has the rare merit of being concise, and yet sufficiently full for all those purposes for which a chart is designed. It will be of great convenience to those students who are devoting themselves

to the study of the diagnosis of diseases of the chest. It is put in covers, a great improvement.

An Analytical Compendium of the Various Branches of Medical Science, for the Use and Examination of Students. By JOHN NEILL, M.D., &c., and F. G. SMITH, M.D., &c. A new edition, revised and improved. 374 illustrations. pp. 974. Blanchard & Lea. (From Wiley & Halsted)

If we were to say all that we think of this book, our notice would grow into a review, and this we propose to let it do at some day. Meantime, our readers must be content with the knowledge of the fact, that a new edition is issued, revised and improved, and that its mechanical execution is in the usual good style of the publishers. It is divided into seven different parts, and, in fact, consists of as many books, on the subjects of Anatomy, Physiology, Surgery, Obstetrics, Chemistry, Materia Medica and Therapeutics, and Practice of Medicine. It abounds in wood cuts.

English Editions at the Price of Reprints.

Will our readers notice Balliere's proposal to furnish English works as cheap as the reprints. A good idea for authors and purchasers.

The Action of Medicines in the System. By FREDERICK W. HEADLAND, M.B., &c. Second American from the second English edition. Lindsay & Blakiston. (From E. P. Rudd, 18 Ann street.)

At present we have neither time nor space to review this essay "on the mode in which therapeutic agents, introduced into the stomach, produce their peculiar effects on the animal economy." The first edition was some time ago laid before the profession, but this is revised and enlarged, and the subjects it presents for discussion are so numerous, that we hope to indulge in the luxury of a review of it hereafter.

A Chart of Incompatibles and Poisons, embracing the Chemical Theory of the former, and the Antidotes, Tests, &c., appropriate to the latter. By J. W. HOYT, A.M., M.D.

This is a large broadside, and contains enough matter for a small book, so condensed as to be understood only by those of some proficiency in chemistry, and so arranged as to be read with ease by no one. The author has, no doubt, spent much labor on it, but it is not clear to us how it can be of use to any one.

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This Periodical is published on the first day of every month, each number containing at least eighty pages, printed in the best style, on fine paper. It thus furnishes to its subscribers two volumes per year, of 480 pages each; filled with valuable matter.

All orders, books for review, and communications upon the business of the MONTHLY, should be addressed "E. P. ALLEN, *Publisher, No. 9 Spruce-street, New York.*" Literary communications, correspondence, &c., should be directed to the Editor, at the same office; or, if from within the city, to his residence, *No. 279 Fourth Avenue.*

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